

SAUNDERS COUNTY EMPLOYMENT APPLICATION

EMPLOYERS STATEMENT: SAUNDERS COUNTY, NEBRASKA, ADHERES TO THE EQUAL EMPLOYMENT OPPORTUNITY GUIDELINES SET FORTH BY STATE AND FEDERAL LAWS. THE INFORMATION CONTAINED ON THIS FORM IS SOUGHT IN GOOD FAITH AND WILL NOT BE USED IN ANY WAY TO DISCRIMINATE AGAINST ANY APPLICANT ON THE BASIS OF RACE, RELIGION, NATIONAL OR ETHNIC ORIGIN, MARITAL STATUS, AGE, HANDICAP, SEX, OR VETERANS BACKGROUND.

APPLICANT'S NAME (Last, First, Middle Initial) _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____ **PHONE NO:** _____

ARE YOU AT LEAST 16 YEARS OLD? YES NO

TYPE OF POSITION DESIRED: Full-Time: Regular Part-Time: Temporary/Seasonal:

TYPE OF POSITION (List in order of preference):

1. _____
2. _____
3. _____

GENERAL INFORMATION

1. Are you a Citizen of the United States:? YES NO

2. Do you have a current driver's licenses? YES NO

Issuing State and Number of Driver's License: _____

3. Identify any special skills, professional or occupational licenses below:

REFERENCES (Other than relatives/employers):

Name	Address	City, State, Zip	Phone No.

EMPLOYMENT HISTORY (List your present or most recent first. Include U.S. Armed Forces experience.)

Job Title/Position1:	Employer:	Employment Duration
Supervisor:	Address:	Start Date:
Supervisor Phone:	City,State, Zip:	End Date:
Wage/Salary:	Phone:	
Primary Job Duties:		
Reasons for Leaving:		

Job Title/Position2:	Employer:	Employment Duration
Supervisor:	Address:	Start Date:
Supervisor Phone:	City,State, Zip:	End Date:
Wage/Salary:	Phone:	
Primary Job Duties:		
Reasons for Leaving:		

Job Title/Position3:	Employer:	Employment Duration
Supervisor:	Address:	Start Date:
Supervisor Phone:	City,State, Zip:	End Date:
Wage/Salary:	Phone:	
Primary Job Duties:		
Reasons for Leaving:		

Job Title/Position4:	Employer:	Employment Duration
Supervisor:	Address:	Start Date:
Supervisor Phone:	City,State, Zip:	End Date:
Wage/Salary:	Phone:	
Primary Job Duties:		
Reasons for Leaving:		

Feel free to include an additional attachment to this application with other work history experiences.

EDUCATIONAL RECORD (Provide a complete educational history. List all schools attended in chronological order. Begin with high school attended. Submit transcripts of college coursework)

School/College Attended	Dates Attended (Mo/Yr to Mo/Yr)	Major Subjects	Diplomas or Degrees Earned
	to		

CERTIFICATION AND SIGNATURE

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any willful omission of facts or misrepresentations may be cause for dismissal. I grant permission to Saunders County, its Board of Supervisors, its Officials, or their designees, to investigate my work and educational history, contact references both named and unnamed, and conduct a background check as necessary. Further, I release Saunders County, its Board, Officials, and their designees from liability resulting from such investigation. Upon termination, I authorize the release of reference information on my work. I agree to a pre-employment physical if required.

Signature

Date