

## Saunders County Employment Application

**Employer 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 veteran background.

**Name (Last, First, Middle Initial):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**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 license? Yes  No

Issuing state & license number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References (Other than relatives/employers):**

Name:	Address:	City, State, Zip:	Cell Phone:

**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:		

**Employment History (Continued)**

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: (Month/Year)	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. 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