

5. **EMPLOYMENT RECORD:** (LIST YOUR PRESENT OR MOST RECENT EMPLOYER FIRST. INCLUDE U.S. ARMED FORCES EXPERIENCES).

EMPLOYER _____ **ADDRESS** _____
CITY _____ **STATE** _____ **PHONE** () _____
JOB TITLE: _____
NATURE OF DUTIES (EXPLAIN FULLY) _____

IMMEDIATE SUPERVISOR _____
REASONS FOR LEAVING _____
EMPLOYED
FROM: MONTH _____ YEAR _____ **TO:** MONTH _____ YEAR _____
MONTH/FULL-TIME MONTH/PART-TIME
START SALARY _____ END SALARY _____

EMPLOYER _____ **ADDRESS** _____
CITY _____ **STATE** _____ **PHONE** () _____
JOB TITLE: _____
NATURE OF DUTIES (EXPLAIN FULLY) _____

IMMEDIATE SUPERVISOR _____
REASONS FOR LEAVING _____
EMPLOYED
FROM: MONTH _____ YEAR _____ **TO:** MONTH _____ YEAR _____
MONTH/FULL-TIME MONTH/PART-TIME
START SALARY _____ END SALARY _____

EMPLOYER _____ **ADDRESS** _____
CITY _____ **STATE** _____ **PHONE** () _____
JOB TITLE: _____
NATURE OF DUTIES (EXPLAIN FULLY) _____

IMMEDIATE SUPERVISOR _____
REASONS FOR LEAVING _____
EMPLOYED
FROM: MONTH _____ YEAR _____ **TO:** MONTH _____ YEAR _____
MONTH/FULL-TIME MONTH/PART-TIME
START SALARY _____ END SALARY _____

EMPLOYER _____ **ADDRESS** _____
CITY _____ **STATE** _____ **PHONE** () _____
JOB TITLE: _____
NATURE OF DUTIES (EXPLAIN FULLY) _____

IMMEDIATE SUPERVISOR _____
REASONS FOR LEAVING _____
EMPLOYED
FROM: MONTH _____ YEAR _____ **TO:** MONTH _____ YEAR _____
MONTH/FULL-TIME MONTH/PART-TIME
START SALARY _____ END SALARY _____

6. EDUCATIONAL RECORD

(GIVE YOUR COMPLETE EDUCATIONAL HISTORY. TRANSCRIPTS OF COLLEGE COURSES SHOULD BE SUBMITTED AND WILL BE RETURNED AFTER REVIEW.)

TYPE OF SCHOOL	NAME AND OF SCHOOL	DATES ATTENDED		GRADE OR CREDIT HOURS COMPLETED	MAJOR SUBJECTS	DEGREE CERTIFICATE DIPLOMA AND YEAR RECEIVED
		FROM	TO			
ELEMENTARY, JR. HIGH	CIRCLE HIGHEST GRADE COMPLETED			1 2 3 4 5 6 7 8		
LAST HIGH SCHOOL ATTENDED				9 10 11 12		
POST HIGH SCHOOL (LIST COLLEGE, UNIVERSITY, TECHNICAL AND TRADE SCHOOL)						
OTHER						

7. HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

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 MISREPRESENTATION IS CAUSE FOR DISMISSAL. I GRANT PERMISSSION FOR THE AUTHORITIES OF SAUNDERS COUNTY, NEBRASKA, TO INVESTIGATE MY WORK REFERENCES AND RELEASE THE ABOVE SAID FROM ANY LIABILITY RESULTING FROM SUCH INVESTIGATION. UPON MY TERMINATION, I AUTHORIZE THE RELEASE OF REFERENCE INFORMATION ON MY WORK. I AGREE TO A PRE-EMPLOYMENT PHYSICAL IF REQUIRED.

SIGNATURE

DATE