Dawes County

Application for Employment

All items must be completed even if included on your resume.

Dawes County 451 Main Street Chadron, NE 69337 308-432-0100

Name (Last, First, Middle)**:**	**Phone Numbers** (include area code)**:** **Home:** **Work:**
Mailing Address (Street, City, State, Zip Code)**:**	**E-mail Address** (if available)**:**
Are you legally entitled to work in the U.S.? ☐ **Yes** ☐ **No**	**Do you have a valid Driver's License?** ☐ Yes ☐ No **State issued by:**
Have you ever been employed by Dawes County or any affiliated Dawes County Office? ☐ **Yes** ☐ **No** **When:** _____ **Position:** _____	**Are you related to anyone in the employ of Dawes County?** ☐ **Yes** ☐ **No** **Who:** _____ **Relationship:** _____
Would you like to request Veterans Preference? Yes _____ No _____ **If yes, please attach a copy of your DD-214 or discharge papers. If also requesting disability credit or preference as a spouse of a disabled veteran, please attach the appropriate documentation per Nebraska Revised Statute 23-2529.**	
Are you at least 21 years of age? ☐ Yes _____ ☐ No _____ **If no, are you at least 18 years of age? ☐ Yes ☐ No**	

Type of Position Desired

☐Full-Time ___ Part-Time ___ Temporary ___ Date Available: _____

Position applying for: _____

Salary Expected $_____

General Information

List five references other than relatives who have knowledge of your skills and character.

Name	Email	Phone Number	How do you know this reference?

List special knowledge, skills, qualifications, certifications or licenses held:

Current and Previous Employment Record
All items must be completed even if included on your resume.

Company (current):	**Address:**
City, State, Zip:	**Phone:**
Job Title:	**Immediate Supervisor:**
Primary Duties:	
Reason for Leaving:	
Employed From: **To:**	**Salary: Starting** $ **Ending** $
May we contact your current employer? ☐ Yes ☐ No	

Company:	**Address:**
City, State, Zip:	**Phone:**
Job Title:	**Immediate Supervisor:**
Primary Duties:	
Reason for Leaving:	
Employed From: **To:**	**Salary: Starting** $ **Ending** $

Company:	**Address:**
City, State, Zip:	**Phone:**
Job Title:	**Immediate Supervisor:**
Primary Duties:	
Reason for Leaving:	
Employed From: **To:**	**Salary: Starting** $ **Ending** $

Educational Background

Name/Location of School	Grade/Credit Hour Completed	Major Subjects Studied	Degree, Certification, or Diploma Received
1.			
2.			
3.			
4.			

Please read the following carefully before signing this application:

I attest to the accuracy and truthfulness of the information provided, and I understand that falsification or omission of any information on this application could result in my disqualification from further consideration in the selection process, or, if hired, termination of my employment. Additionally, upon my termination I authorize the release of reference information on my work. A facsimile copy or electronic version of this document shall be considered as effective and valid as the original. Dawes County utilizes E-Verify when new employees are processed.

_____ _____

Applicant Signature **Date**

Dawes County is an Equal Opportunity Employer.
To request reasonable accommodations, contact:
Dawes County Clerk @ 308.432.0100 or clerk@dawescounty.ne.gov

REV 11/2026