

Dawes County

Equal Employment Opportunity Employer

Application for Employment

This application will be active for 6 months

Any applicant wishing to be considered for employment beyond this time period will need to complete a new application.

Dawes County guarantees equal employment opportunity to applicants and employees without regard to race, color, religion, creed, gender, national origin, age, mental or physical disability, marital status, or any other prohibited basis of discrimination, as stated under Nebraska and Federal law. Federal law obligates Dawes County to provide reasonable accommodation to the known disabilities of Applicants and employees, unless to do so would pose an undue hardship. Please feel free to notify the Dawes County Human Resources Office if you need accommodation to complete the application process, or to perform the key elements of the position that you are applying for.

Last Name:		First Name:			Middle Name/Initial:
Physical/Street Address:		Mailing Add	lress:		
City:				State:	Zip:
Cell Phone #:	Home/Other Phone #:		Email:		
Type of work desired: (check all					
How did you learn about this journal of the street of the					
On what date would you be av	ailable for work?				
Have you previously been emp		•		•	
Are you at least 21 years of ag	je? Yes No	If no, are	you at lea	ast 18 years of	age? Yes No
Do you have a valid Driver's Li	cense? Yes No _	If yes,	State Issue	ed by:	Exp
Do you have any relatives emp	oloyed by Dawes County	/? Yes	N	No	
If so, please state names(s), re	elationship(s), and depar	rtment(s):			
Are you legally entitled to be en	mployed in the United S	tates? Yes		No	
If hired, you will be required to subm Reform and Control Act of 1986. E-					
Are you claiming Veteran's Pre	eference? Yes	No _			

To be eligible to claim Veteran's Preference under the provisions of Section §48-225 through §48-231 of the Nebraska Statutes, you must furnish a copy of honorable discharge (Form DD214) at the time of filing this application. A spouse of a veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran Veteran's preference applies when a qualified candidate obtains passing scores on all parts of all examination/interviews.

Employment Experience

Provide a complete record of all/past four (4) employments or for past 10 years.

List your past work experience starting with your current or most recent job. Include any job-related military service assignments, and volunteer activities.

Please be complete. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Your employment may be verified by checking with previous employers unless you request otherwise.

CURRENT/MOST RECENT EMPLOYER		
Employer:	Telephone Number:	
Address:	Starting Pay:	Ending Pay:
City:	State:	Zip:
Supervisor:	Employment Dates:	to
Your Job Title:	Part-Time:	Full-Time:
Your Key Duties:		
•		
•		
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•		
reason for Loaving.		
	Dawes County May or May Not co	ntact my current employer prior to hirin
Employer:		
	Telephone Number:	
Address:	Telephone Number: Starting Pay:	Ending Pay:
Address:	Telephone Number: Starting Pay: State:	
Address: City: Supervisor:	Telephone Number: Starting Pay: State: Employment Dates:	Ending Pay:Zip:to
Address: City: Supervisor: Your Job Title:	Telephone Number: Starting Pay: State: Employment Dates:	Ending Pay:Zip:
Address: City: Supervisor: Your Job Title:	Telephone Number: Starting Pay: State: Employment Dates: Part-Time:	Ending Pay:Zip:to
Address: City: Supervisor: Your Job Title: Your Key Duties:	Telephone Number: Starting Pay: State: Employment Dates: Part-Time:	Ending Pay:Zip:to
Address: City: Supervisor: Your Job Title: Your Key Duties:	Telephone Number: Starting Pay: State: Employment Dates: Part-Time:	Ending Pay:Zip:to
Address: City: Supervisor: Your Job Title: Your Key Duties: • •	Telephone Number: Starting Pay: State: Employment Dates: Part-Time:	Ending Pay:Zip:to
Address: City: Supervisor: Your Job Title: Your Key Duties:	Telephone Number: Starting Pay: State: Employment Dates: Part-Time:	Ending Pay:Zip:to
•	Telephone Number: Starting Pay: State: Employment Dates: Part-Time:	Ending Pay:Zip:to

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Employment Experience Cont.

Provide a complete record of all employment for the past 10 years.

List your past work experience starting with your current or most recent job. Include any job-related military service assignments, and volunteer activities.

Please be complete. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Your employment may be verified by checking with previous employers unless you request otherwise.

Employer:	Telephone Number:	
Address:	Starting Pay:	Ending Pay:
City:	State:	Zip:
Supervisor:	Employment Dates:	to
Your Job Title:	Part-Time:I	Full-Time:
Your Key Duties:		
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Reason for Leaving:		
Treason for Leaving.		
Treason for Leaving.		
Troubon for Edaving.		
Employer:	Telephone Number:	
Employer:	Starting Pay:	Ending Pay:
Employer: Address:	Starting Pay:	Ending Pay:Zip:
Employer: Address: City: Supervisor:	Starting Pay: State: Employment Dates:	Ending Pay:Zip:to
Employer: Address: City: Supervisor: Your Job Title:	Starting Pay: State: Employment Dates:	Ending Pay:Zip:to
Employer: Address: City: Supervisor:	Starting Pay: State: Employment Dates:	Ending Pay:Zip:to
Employer: Address: City: Supervisor: Your Job Title:	Starting Pay: State: Employment Dates:	Ending Pay:Zip:to
Employer: Address: City: Supervisor: Your Job Title: Your Key Duties:	Starting Pay: State: Employment Dates:	Ending Pay:Zip:to
Employer: Address: City: Supervisor: Your Job Title: Your Key Duties:	Starting Pay: State: Employment Dates: Part-Time:	Ending Pay:Zip:to
Employer:	Starting Pay: State: Employment Dates: Part-Time:	Ending Pay:Zip:to
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Education/Skills Record

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

Check Highest Grade Completed: 9 10 11 12 or GED College: 1 2 3 4 5 Did you Graduate: __Yes __No Post- High School **Degree Type** Name of School Major College/University **Graduate School** List your Primary Language first in Language Spoken box; then list any second language you can speak, read, or write and fluency level for the second language, if any, that you can speak, read or write. Language Spoken: Primary: Second Language, if any: INDICATE FLUENCY LEVEL For 2nd Language **Fluent** Good Fair Speak Read Write If required by the job you have applied for, have you had training/course work or experience in (please check those that apply): Word Processing **Typing** Data Entry **Basic Computers** Calculator/Adding Machine ____ Shorthand/Speedwriting __Other Skills and Trade Abilities (Write Below) Please list any additional equipment you can operate, special knowledge, qualifications, any certifications or licenses you possess, and any additional skills that you feel would be beneficial to the position for which you are applying.

LICENSES AND CERTIFICATES

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:

Name of Trade or Profession	License Number		
Granted by	City and/or State		
Specialty	Licensed:	Active: From:	То:
	Yes No		

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Personal/Professional References

Full Name:	Full Name:
Phone:	Phone:
Title or Occupation:	Title or Occupation:
# of Years Acquainted:	# of Years Acquainted:
Full Name:	Full Name:
ruii Ivaine.	ruii Name.
Phone:	Phone:
Title or Occupation:	Title or Occupation:
# of Years Acquainted:	# of Years Acquainted:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I further acknowledge that my inactive application(s) will be retained for a period of two (2) years and becomes part of a talent database for future identification of individuals, such as myself, interested in being notified of other/additional employment opportunities within Dawes County.

Consent for Disclosure of Current or Former Employment Information: I hereby give consent to any and all prior employers and references of mine to provide information to Dawes County with regard to my employment with prior employers. I understand that this authorization expires six (6) months from the date signed. A facsimile copy or electronic version of this document shall be considered as effective and valid as the original.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I authorize the County to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability, all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this County against any liability that might result from making such investigation.

In the event of employment, I understand that false, omitted or misleading information given in my application or interview(s) may result in discharge, regardless of when discovered. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date	

NOTE: UNSIGNED AND UNDATED APPLICATIONS WILL BE DISREGARDED

This application must be **FULLY** completed to be eligible for review.

To submit application and any supplemental materials (cover letter, resume, etc.):

Mail to; Email; or Deliver in Person:

Attn: Dawes County Human Resources Office 250 Main Street, Suite 13 Chadron, NE 69337

Email: humanresources@dawescounty.ne.gov

Phone: 308-432-8930

Dawes County is an Equal Opportunity Employer, subject to Veterans Preferences and uses E-Verify for Eligibility Verification.

To request reasonable accommodations, contact: Dawes County Human Resources Office.

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