

Nebraska Extension Dawes County

250 Main Street, Suite 8

Chadron, NE 69337

308-432-3373

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER. To request reasonable accommodations, contact:
Dawes County Human Resource Director @ 308.432-8930 or dawescountyHR@gmail.com

All information must be completed, even if included on your resume. Return completed application with resume and cover letter to address above or email to ekampbell7@unl.edu

PERSONAL INFORMATION:

NAME: _____
LAST FIRST MI

PRESENT ADDRESS: _____
STREET / PO BOX CITY STATE ZIP

PHONE NUMBER: (HOME) _____ (CELL) _____ EMAIL: _____

ARE YOU ABLE TO BE LEGALLY EMPLOYED IN THE UNITED STATES? (CIRCLE CORRECT RESPONSE) YES NO

EMPLOYMENT DESIRED:

POSITION DATE YOU CAN START SALARY DESIRED

HOURS: (circle all that apply) FULL TIME PART TIME PERMANENT TEMPORARY

EVER APPLIED TO DAWES COUNTY BEFORE: WHICH COUNTY OFFICE? WHEN?

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (IF YES, PLEASE EXPLAIN)

EDUCATION: NAME AND LOCATION OF SCHOOL NO. OF YEARS DID YOU GRADUATE? SUBJECT STUDIED

MIDDLE/ HIGH SCHOOL: _____

COLLEGE: _____

COLLEGE: _____

TRADE, BUSINESS
CORRESPONDANCE
SCHOOL: _____

GENERAL:

SUBJECTS OF SPECIAL STUDY OR SPECIAL SKILLS (List by name, the computer programs in which you are experienced): _____

US. MILITARY SERVICE: _____ DATE: _____ RANK: _____

(CONTINUED ON THE OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

COMPANY	ADDRESS
PHONE NUMBER	DATES EMPLOYED FROM _____ TO _____
JOB TITLE	SUPERVISOR
WORK PERFORMED	
REASON FOR LEAVING	

COMPANY	ADDRESS
PHONE NUMBER	DATES EMPLOYED FROM _____ TO _____
JOB TITLE	SUPERVISOR
WORK PERFORMED	
REASON FOR LEAVING	

COMPANY	ADDRESS
PHONE NUMBER	DATES EMPLOYED FROM _____ TO _____
JOB TITLE	SUPERVISOR
WORK PERFORMED	
REASON FOR LEAVING	

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR		
NAME	ADDRESS & PHONE	YEARS ACQUAINTED
1)		
2)		
3)		

IN CASE OF
EMERGENCY NOTIFY

NAME ADDRESS PHONE NUMBER

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND , IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE SIGNATURE