WASHINGTON COUNTY SHERIFF'S OFFICE Application for Employment 1535 Colfax Street Blair, NE. 68008



1535 Colfax Street Blair, NE. 68008 Phone 426-6866 * Fax 426-6820 Mike Robinson, Sheriff

We consider applicants for all positions without regard to race, color, religion, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)					
Social Security #: / /	,		Date of Application:		
Position Applied For: Deputy Part-time Deputy Reserve Deputy Clerical Correction Officer Communication Officer					
Last Name:		First Name:		M.I.	
Address:	_	-	Phone: Hon Wor	-	
City:	State:	Zip:	Email:		
If you are under 18 years of age	, can you provide re	quired proof of your e	ligibility to work?	Yes No	
Have you ever filed an application	on with us before?		lf yes, give da	Yes No No	
Have you ever been employed by us before? Yes No If yes, give date:					
Are you currently employed?				🗌 Yes 🗌 No	
May we contact your present em	May we contact your present employer?				
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?					
On what date would you be available for work?					
Are you available to work:	🗌 Full	Time 🗌 Part Time	e 🗌 Shift Work Te	mporary	
Are you currently on "Lay-off" status and subject to recall?					
Can you travel if a job requires it?					
Have you ever been the subject of a criminal investigation or charged with a crime?					
If yes, please explain					
Are you physically or otherwise	unable to perform the	e duties of the job yo	u are applying for?	🗌 Yes 🗌 No	

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EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:							
Address:				Telephone #:			
Dates Employed:	From:	To:	Pay Rate:		Starting:	Final:	
Job Title: Sup			Super	pervisor:			
Work Performed:							
Reason For Leaving:							
Employer:							
Address:				Telephone #:			
Dates Employed:	From:	To:	Pay Rate: Starting:		Final:		
Job Title:			Supervisor:				
Work Performed:							
Reason For Leaving	g:						
Employer:							
Address:				Telephone #:			
Dates Employed:	From:	To:	Pay F	Rate:	Starting:	Final:	
Job Title: Su			Super	Supervisor:			
Work Performed:							
Reason For Leaving:							
	-	nal space, please contir	nue on a se	parate s	heet of paper		

Special Skills and Qualifications (Summarize special job-related skills and qualifications)



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EDUCATION HISTORY

School Name and Location Years Completed		d	Diploma / Degree			
Elementary:	4	5	6	7	8	
High School:	9	10	11	12		
Course of Study						
College/University:	1	2	3	4		
Course of Study						
Other:	1	2	3	4		
Course of Study						
Describe any specialized training apprenticeship, skills, extra-curricular activities, honors, received and any additional						

Describe any specialized training, apprenticeship, skills, extra-curricular activities, honors received and any additional information you feel may be helpful to us in considering your application.

Indicate any foreign languages you can speak, read and / or write					
	Fluent Good Fair				
Speak					
Read					
Write					

REFERENCES

Name	Address	Phone #

Have you ever had any job-related training in the United States Military?	🗌 Yes 🗌 No
If yes, please decribe:	

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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 45 days. 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.

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

Signature of Applicant

FOR PERSONNEL DEPARTMENT USE ONLY

Date

Arrange Inter	view?			🗌 Yes 🗌 No
Remarks:				
			ſ	
Interviewer:			Date:	
Employed:	🗌 Yes 🗌 No	Date of Employment:		Division:
Job Title:			Salary-Hou	rly Rate:
By:				Date:

(Name and Title)