



WASHINGTON COUNTY SHERIFF'S OFFICE

Application for Employment

444 So. 16th Street Blair, NE. 68008
Phone 426-6866 * Fax 426-6890
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)

Form with fields for Social Security, Date, Position Applied For, Last Name, First Name, M.I., Address, Phone, City, State, Zip, Email, and various employment eligibility questions.



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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:				Phone:	
Dates Employed:	From:	To:	Pay Rate:	Starting:	Final:
Job Title:			Supervisor:		
Work Performed:					
Reason for Leaving:					

Employer:					
Address:				Phone:	
Dates Employed:	From:	To:	Pay Rate:	Starting:	Final:
Job Title:			Supervisor:		
Work Performed:					
Reason for Leaving:					

Employer:					
Address:				Phone:	
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Special Skills And Qualifications (Summarize special job-related skills and qualifications)

Education History

School Name and Location	Years Completed					Diploma Degree
	4	5	6	7	8	
Elementary:						
High School:						
Course of Study						
College/University:						
Course of Study						
Other:						
Course of Study						

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



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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

Date

For Personnel Department Use Only

Arrange Interview? [] Yes [] No

Remarks:

Interviewer:

Date:

Conditional Offer of Employment: [] Yes [] No Date:

Job Title:

Salary-Hourly Rate:

By:

Date:

(Name and Title)