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)

Cartal Care 21 / /		Data						
Social Security: / /		Date:						
Position Applied For:		ry □ Part-time Deputy □ Communication Officer al □ Correction Officer □ Other:						
Last Name:			First Name:			M.I.:		
Address:					Phone:			
City:	State:		Zip:	Ema	ail:			
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No								
Have you ever filed an application with us before? ☐ Yes ☐ No If yes, give date:								
Have you ever been employed by	us before? 🔲] Yes □	No If yes, give date:					
Are you currently employed?								
May we contact your present employer?								
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No Proof of citizenship or immigration status will be required upon employment.								
On what date would you be available for work?								
Are you available to work:								
Are you currently on "Lay-off" status and subject to recall?				☐ Yes ☐ No				
Can you travel if a job requires it?								
Have you ever been arrested (including traffic offenses), the subject of a criminal investigation or charged with a crime?								
Yes No Being the subject of a criminal investigation will not necessarily disqualify an applicant from employment.								
If yes, please explain								
Are you physically or otherwise unable to perform the duties of the job you are applying for?								
Have you served in the United States Military? Yes No If yes, which branch: If yes, a copy of your DD214 is required when you submit your application								

Revised 1/22

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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:	То:	Pay Rate:		Starting:	Final:		
Job Title: Supe			Superv	rvisor:				
Work Performed:								
Reason for Leaving:								
Employer:								
Address:				Phone:				
Dates Employed:	From:	То:	Pay Rate:		Starting:	Final:		
Job Title:	lob Title: Supe			isor:				
Work Performed:								
Reason for Leaving:								
Employer:								
Address:				Phone:				
Dates Employed:	From:	То:	Pay Rate:		Starting:	Final:		
Job Title: Supe			Super	ervisor:				
Work Performed:								
Reason for Leaving:								
Employer:								
Address:				Phone:				
Dates Employed:	From:	То:	Pay Rate:		Starting:	Final:		
Job Title: Supe			Superv	rvisor:				
Work Performed:								
Reason for Leaving:								

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Special Skills And Q	ualifications (Sum	marize special job-relat	ed skills and qua	lificatio	ns)				
Education History									
School Name and Location			Years Co			leted	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			•		l	l	l		
Other:	Other:			1	2	3	4		
Course of Study									
Describe any specializ you feel may be helpf		ciceship, skills, extra-cur g your application.	ricular activities,	, honor	s receiv	ed and a	any add	itional i	nformation
	Indicate ar	ny foreign languages y	ou can speak, r	read ar	ıd/or w	rite			
		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?							
Remarks:							
Interviewer:	Date:						
Conditional Offer of Employment: ☐ Yes ☐ No Date:							
Job Title:	Salary-Hourly Rat	e:					
Ву:		Date:					

(Name and Title)