



WASHINGTON COUNTY SHERIFF'S OFFICE Application for Employment

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:	<input type="checkbox"/> Deputy <input type="checkbox"/> Part-time Deputy <input type="checkbox"/> Reserve Deputy <input type="checkbox"/> Clerical <input type="checkbox"/> Correction Officer <input type="checkbox"/> Communication Officer	

Last Name:	First Name:	M.I.
Address:		Phone: Home: _____ Work: _____
City:	State:	Zip: _____
Email: _____		

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give date: _____
Have you ever been employed by us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give date: _____
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Proof of citizenship or immigration status will be required upon employment.</small>	
On what date would you be available for work?	_____
Are you available to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work Temporary
Are you currently on "Lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been the subject of a criminal investigation or charged with a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Being the subject of a criminal investigation will not necessarily disqualify an applicant from employment.</small>	
If yes, please explain _____	
Are you physically or otherwise unable to perform the duties of the job you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:			Supervisor:		
Work Performed:					
Reason For Leaving:					

Employer:					
Address:				Telephone #:	
Dates Employed:	From:	To:	Pay Rate:	Starting:	Final:
Job Title:			Supervisor:		
Work Performed:					
Reason For Leaving:					

Employer:					
Address:				Telephone #:	
Dates Employed:	From:	To:	Pay Rate:	Starting:	Final:
Job Title:			Supervisor:		
Work Performed:					
Reason For Leaving:					

If you need additional space, please continue on a separate sheet 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					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 #

Have you ever had any job-related training in the United States Military?

Yes No

If yes, please describe: _____



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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:

Employed: Yes No

Date of Employment:

Division:

Job Title:

Salary-Hourly Rate:

By:

Date:

(Name and Title)