

Lower Republican Natural Resources District

APPLICATION FOR EMPLOYMENT

P O Box 618 z Alma z NE z 68920
Telephone No. (308) 928-2182 z Email spoyser@lrnrd.org

The Lower Republican NRD assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age marital status, mental or physical disability or religious creed and with proper regard for their privacy and constitutional rights.

Applications are retained active for six (6) months.

		Type of Work Desired (Check all that Apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	
Applicant's Name (Last, First, Middle Initial)		Position Applied For	
Street Address		Date Available for Work	
City, State, Zip		E-Mail Address	
Home Telephone No.	Work/Message Telephone No.	Are You a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Been Convicted of a Violation of Law Other Than a Minor Traffic Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain.		Veteran's Preference can only be given if you submit a DD214 that verifies service in one (or more) of these time frames: _____ 1 - WW II _____ 3 - Vietnam Era _____ 2 - Korean Incident _____ 4 - Desert Storm/Shield	
NOTE: A conviction record is not an automatic bar to employment. Each case is considered in relation to the position applied for.		Are you legally able to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT RECORD

List below the positions you have held starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties: describe clearly the tasks you performed and the nature of your supervisory, technical or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers unless you request otherwise. Volunteer or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper.

EMPLOYMENT INFORMATION				DESCRIPTION OF DUTIES	
Employer/Kind of Business				Position Title	Number Supervised
Street Address				Specific Duties	
City, State, Zip					
Immediate Supervisor/Title					
Dates of Employment (Month, Year) From: To:					
Total Employed: Years: Months:	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full -Time	Hours Worked Per Week	Salary	Reason for Job Change	
Employer/Kind of Business				Position Title	Number Supervised
Street Address				Specific Duties	
City, State, Zip					
Immediate Supervisor/Title					
Dates of Employment (Month, Year) From: To:					
Total Employed: Years: Months:	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full -Time	Hours Worked Per Week	Salary	Reason for Job Change	

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EDUCATION/SKILLS RECORD

Give your complete educational history. Transcripts of post high school coursework may be required.

List Any Special Skills/Coursework or Heavy Equipment Operation You May Have	
Are you bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, check all that apply. <input type="checkbox"/> French <input type="checkbox"/> Sign Language (ASL) <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	

Have You Had Training/Coursework or Experience In: (Please check those that apply) <input type="checkbox"/> Typing <input type="checkbox"/> Word Processing <input type="checkbox"/> Data Entry <input type="checkbox"/> PC/Computer Terminal <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Calculator/Adding Machine <input type="checkbox"/> Dictation Equipment <input type="checkbox"/> Shorthand/Speedwriting Types of Equipment: _____	List Computer Programs You Are Familiar with and State the Level of Proficiency
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UNIVERSITY and COLLEGE (Undergraduate, Graduate, Doctorate)


Name and Location	From		To		Total Semi. Hrs.	Total Qtr. Hrs.	Field of Study	No. of Hrs.	Date of Graduation Degree Awarded		
	Mo.	Yr.	Mo.	Yr.					Mo	Yr	Degree
Name							Major				
Location							Minor				
Name							Major				
Location							Minor				
Name							Major				
Location							Minor				

BUSINESS, CORRESPONDENCE, TRADE, TECHNICAL or VOCATIONAL SCHOOL or MILITARY IN-SERVICE TRAINING		Dates of Attendance Month/Year		Full Time	Part Time	Degree Received		Title of Program or Subjects Taken
Name	Location	From	To			Hrs/Wk	Yes	

LICENSES and CERTIFICATES

If a license, certificate or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions.			
Name of Trade or Profession			License No.
Granted By		City and State	
Specialty		Licensed	From _____ To _____

I Understand that any false information in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation and educational institution to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure and additional information concerning the nature and scope of this investigation. In addition, my signature on this application form will serve as authorization to release any and all information recorded on or attached to this application to any state or federal investigative agency.

 _____ Use Ink

_____ Applicant's Signature

_____ Date

NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

Applicant's Name: _____

References

References (Names)	Reference's Phone Number	Business or Association (Provide employment references only)
1.		
2.		
3.		