

# Lower Republican Natural Resources District

# APPLICATION FOR EMPLOYMENT

P O Box 618 • Alma • NE • 68920  
Telephone No. (308) 928-2182 • Email LRNRD@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	Hours Worked Per Week	Salary	Reason for Job Change		
	<input type="checkbox"/> Full -Time					
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	Hours Worked Per Week	Salary	Reason for Job Change		
	<input type="checkbox"/> Full -Time					

**EMPLOYMENT INFORMATION**

**DESCRIPTION OF DUTIES**

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

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

**EDUCATION/SKILLS RECORD**

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

		<b>List Any Special Skills/Coursework or Heavy Equipment Operation You May Have</b>
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 _____		

<b>Have You Had Training/Coursework or Experience In:</b> (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: _____	<b>List Computer Programs You Are Familiar with and State the Level of Proficiency</b>
--	--

**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.			
<b>Name of Trade or Profession</b>			<b>License No.</b>
<b>Granted By</b>		<b>City and State</b>	
<b>Specialty</b>		<b>Licensed</b>	<b>From</b> <b>To</b>

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.		