

Little Blue Natural Resources District

APPLICATION FOR EMPLOYMENT

P O Box 100 • Davenport • NE • 68335
Telephone No. 402 364-2145 • Fax No. 402 364-2484

The Little Blue 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.

| | | | |
|--|----------------------------|---|--|
| Social Security No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | 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 | |

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 | | <i>Reason for Job Change</i> | |
| | | <input type="checkbox"/> Full -Time | | | | | |

| | | | | | | | |
|---|--|--|------------------------------|------------------------|--|------------------------------|--|
| Employer/Kind of Business | | | | Position Title | | Number Supervised | |
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| 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 | | <i>Reason for Job Change</i> | |
| | | <input type="checkbox"/> Full -Time | | | | | |

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) | | | | List Computer Programs You Are Familiar with and State the Level of Proficiency | | | |
| <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: _____ | | | | | | | |

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. | | |