

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.

		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.	Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No If you are a veteran of the armed forces of the United States, please provide the following information: MILITARY BRANCH _____ Dates of Service: _____ Discharge Date: _____ Honorable Discharge: <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. 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 <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	

EDUCATION/SKILLS RECORD

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

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 _____		List Any Special Skills/Coursework or Heavy Equipment Operation You May Have					
Have You Had Training/Coursework or Experience In: (Please check those that apply) Typing <input type="checkbox"/> Word Processing <input type="checkbox"/> Data Entry <input type="checkbox"/> Spreadsheet		List Computer Programs You Are Familiar with and State the Level of Proficiency					

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.		Mo.	Yr.	Mo.
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

No

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