



Dawes County

Application for Employment

Dawes County
250 Main St., Suite#13
Chadron, NE 69337
308-432-8930

All items must be completed even if included on your resume.

Name (Last, First, Middle):	Phone Numbers (include area code): Home: Work:
Mailing Address (Street, City, State, Zip Code):	E-mail Address (if available):
Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State issued by:
Have you ever been employed by Dawes County or any affiliated Dawes County Office? <input type="checkbox"/> Yes <input type="checkbox"/> No When: _____ Position: _____	Are you related to anyone in the employ of Dawes County? <input type="checkbox"/> Yes <input type="checkbox"/> No Who: _____ Relationship: _____
Would you like to request Veterans Preference? Yes _____ No _____ If yes, please attach a copy of your DD-214 or discharge papers. If also requesting disability credit or preference as a spouse of a disabled veteran, please attach the appropriate documentation per Nebraska Revised Statute 23-2529.	
Are you at least 21 years of age? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____ If no, are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Position Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary Date Available: _____ Position applying for: _____ Salary Expected \$ _____

General Information

List five references other than relatives who have knowledge of your skills and character.

Name	Email	Phone Number	How do you know this reference?

List special knowledge, skills, qualifications, certifications or licenses held:

Current and Previous Employment Record
All items must be completed even if included on your resume.

Company (current):		Address:	
City, State, Zip:		Phone:	
Job Title:		Immediate Supervisor:	
Primary Duties:			
Reason for Leaving:			
Employed From:	To:	Salary: Starting \$	Ending \$
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company:		Address:	
City, State, Zip:		Phone:	
Job Title:		Immediate Supervisor:	
Primary Duties:			
Reason for Leaving:			
Employed From:	To:	Salary: Starting \$	Ending \$

Company:		Address:	
City, State, Zip:		Phone:	
Job Title:		Immediate Supervisor:	
Primary Duties:			
Reason for Leaving:			
Employed From:	To:	Salary: Starting \$	Ending \$

Educational Background

Name/Location of School	Grade/Credit Hour Completed	Major Subjects Studied	Degree, Certification, or Diploma Received
1.			
2.			
3.			
4.			

Please read the following carefully before signing this application:

I attest to the accuracy and truthfulness of the information provided, and I understand that falsification or omission of any information on this application could result in my disqualification from further consideration in the selection process, or, if hired, termination of my employment. Additionally, upon my termination I authorize the release of reference information on my work. A facsimile copy or electronic version of this document shall be considered as effective and valid as the original. Dawes County utilizes E-Verify when new employees are processed.

Applicant Signature

Date

Attachment 1

Dawes County Employment Application

Consent for Disclosure of Current or Former Employment Information

I hereby give consent to any and all prior employers and references of mine to provide information to Dawes County with regard to my employment with prior employers.

Dawes County May _____ or May Not _____ contact my current employer prior to hiring.

This authorization expires six months from the date signed

Applicant's Signature

Date

Dawes County is an Equal Opportunity Employer and subject to Veterans Preference.
To request reasonable accommodations, contact Dawes County Human Resources.:
(308) 432-8930
dawescountyHR@gmail.com

This Organization Participates in E-Verify



This SWA will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this SWA is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

SWA and employers may not use E-Verify to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

If you believe that your SWA has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.



E-VERIFY IS A SERVICE OF DHS AND SSA

M-780 (rev. 12/2010)