

EQUAL OPPORTUNITY EMPLOYER

HALL COUNTY HIGHWAY DEPARTMENT
2900 West Second Street
Grand Island, NE 68803
308-385-5126

Application for Employment

This application is good for 30 days or until the position is filled.

Applicants are considered for the position specified below, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, genetic information, marital status, pregnancy, military status, or any other prohibited basis of discrimination under applicable local, state, or federal law.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation, if required by Sec. 391.23 of Department of Transportation Regulations.

Applicant Signature _____ Date of Application _____

Position Applied For _____

(PLEASE PRINT)

Full Name (Last) _____ (First) _____ (Full Middle) _____

Address _____ (How Long) _____
Street City State Zip Code

ADDRESSES FOR PAST THREE YEARS

_____, (How Long) _____
_____, (How Long) _____
_____, (How Long) _____

Current Telephone Number: _____

Social Security Number: _____ Date of Birth (Required by DOT regulations): _____

Have you filed an application with our County before? [] Yes [] No

If yes, give date: _____ Department: _____

Have you ever been employed with our County before? [] Yes [] No

If yes, give date: _____ Department: _____

How did you learn of the job you applied for? (Be specific as to source.) _____

Are you employed now? [] Yes [] No May we contact your present employer? [] Yes [] No

Are you legally authorized to work in the United States? [] Yes [] No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the regulations prepared by the United States Citizenship and Immigration Services. Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

This position is subject to a veterans preferences. Are you eligible for and requesting veterans preference? [] Yes [] No
A veteran requesting preference must submit with his/her application for employment a copy of a Veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for Employment a copy of the Veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100% permanent disability rating, and proof of marriage to the veteran.

Employer		Dates Employed		Describe Work Performed
Address		From	To	
Telephone: ()				
Job Title		Hourly Rate Salary Starting Final		
Supervisor				
Reason for Leaving				<p>Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Employer		Dates Employed		Describe Work Performed
Address		From	To	
Telephone: ()				
Job Title		Hourly Rate/Salary Starting/Final		
Supervisor				
Reason for Leaving				<p>Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Employer		Dates Employed		Describe Work Performed
Address		From	To	
Telephone: ()				
Job Title		Hourly Rate/Salary Starting/Final		
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Employer		Dates Employed		Describe Work Performed
Address		From	To	
Telephone: ()				
Job Title		Hourly Rate/Salary Starting/Final		
Supervisor				<p>Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Reason for Leaving				
Employer		Dates Employed		Describe Work Performed
Address		From	To	
Telephone: ()				
Job Title		Hourly Rate/Salary Starting/Final		

ACCIDENT RECORD

(List accidents for the past three years.)

Date	Where	Nature of Accident (Head-On, Rear-End, Etc.)	Nature of Injuries	Fatalities	Type of Vehicle You Were Driving

VIOLATIONS OF MOTOR VEHICLE LAWS FROM PAST THREE YEARS

(List only if convicted or if bond or collateral was forfeited; exclude parking violations)

Date	Where	Specific Violation	Outcome/Disposition/Penalty

OTHER

Will you take an alcohol drug screen breath/urine test for drug and alcohol or controlled substances?

Yes No

SPECIAL SKILLS, LICENSES, AND QUALIFICATIONS

Summarize special skills, licenses/certificates and qualifications acquired from employment or other experiences:

State any additional information you feel may be helpful in considering your application:

Education Record:

Please list education or specialized experience that related to the position(s) for which you are applying.

Circle Highest Grade Completed: 6 7 8 9 10 11 12 Years of College: 1 2 3 4 5 N/A Did you Graduate?

College/University _____ Name of School _____ From _____ To _____ Major _____ Degree _____
 Graduate School _____ Name of School _____ From _____ To _____ Major _____ Degree _____

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in connection with this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required, depending upon County policy. I authorize the County to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this County against any liability that might result from making such investigation.

Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the County deems appropriate.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Hall County and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and Hall County retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the County Board.

**SIGN
HERE**

Applicant's Signature (Use Ink)

Date