

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?					
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	E-mail				

Best time to contact you at home is: _____ : _____ AM _____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

..... If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you lawfully authorized to work in the United States? Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

NAME: _____

POSITION: _____

DATE: _____ / _____ / _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, age, disability, citizenship status, genetic information or any other legally protected status.

1.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed	From	To
	Address		Work Performed		
	Telephone Number(s)				
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal sex (including pregnancy, sexual orientation and gender identity), race, color, citizenship status and genetic information, religion, national origin, age, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1. _____	(_____) _____	Phone # _____
(Name) _____		
(Address) _____		
2. _____	(_____) _____	Phone # _____
(Name) _____		
(Address) _____		
3. _____	(_____) _____	Phone # _____
(Name) _____		
(Address) _____		

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.



Garden County Sheriff's Office

Randal Ross, Sheriff
Garden County Sheriff's Office
611 Main St. PO Box 494
Oshkosh NE, 69154
Office: 308-772-3540

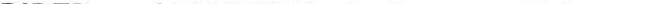
Release of Social Networking Sites:

I _____ give the Garden County Sheriff's Office permission to check out my following Social Networking sites that I have.

Signature _____

Date _____

SUBSCRIBED and SWORN to before me this _____ day
of _____, 20_____.



Notary Public