

**Cherry County**  
**365 N Main St Valentine, NE 69201**  
**Application for Employment**

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, gender identity, sexual orientation, or any other prohibited basis of discrimination under applicable local, state, or federal law. Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought. Cherry County is an Equal Opportunity Employer.

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: \_\_\_\_\_

**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 veteran's preference. Are you eligible for and requesting a veteran's preference?  Yes

[A veteran requesting preference must submit with his/her Application for Employment a copy of the 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 percent permanent disability rating, and proof of marriage to the veteran.]

**EDUCATION**

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

	<b>High School</b>	<b>Tech School</b>	<b>College/University</b>
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
School Name and Location			
Diploma/Degree			
Describe Course of Study			

**EMPLOYMENT EXPERIENCE**

Give a complete record of all employment for the past 10 years. Use a separate section for any unemployment or self-employment history, if necessary. Your application will not be processed if it is not properly completed.

The information you provide may be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history information as required by 49 C.F.R. § 391.23 (d) and (e). You may have certain due process rights as specified in 49 C.F.R. § 391.23(i) regarding certain information received as a result of these investigations, including: (i) the right to review information provided by previous employers; (ii) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and (iii) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. To review this information, you must make a written request within the time frame set forth in 49 C.F.R. § 391.23(i).

<b>Employer</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
Address	From	To	
Telephone: (    )			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
<b>Employer</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
Address	From	To	

Telephone: (    )			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
<b>Employer</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
Address	From	To	
Telephone: (    )			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
<b>Employer</b>	<b>Dates Employed</b>		
Address	From	To	
Telephone: (    )			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			

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**SPECIAL SKILLS AND QUALIFICATIONS**

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Summarize special skills, computer programs and qualifications acquired from employment or other experiences:

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

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**APPLICANT'S STATEMENT**

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This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

The County may investigate all statements contained in this application, and I understand that any false, omitted, or misleading information may result in my immediate discharge if I am hired.

**I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COUNTY IS TERMINABLE-AT-WILL SO THAT BOTH THE COUNTY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS "AT WILL" EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING AND APPROVED BY THE COUNTY BOARD.**

I understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I qualify for the position being considered. In addition, I understand a drug and alcohol test is required.

**I understand that my previous employers may be contacted. I authorize the County to make a thorough investigation of my past employment, education, criminal history, driving record, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations supplying such information. 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 as the County deems appropriate.**

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Signature of Applicant

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Date