

# Application For Employment

SALINE COUNTY LAW ENFORCEMENT CENTER



P.O. Box 911, 911 S. Main St.  
Wilber, NE 68465  
402.821.2111

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**PLEASE PRINT**

Position(s) Applied For		Date of Application
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address		City, State Zip Code
Telephone Number(s)		Social Security Number

If you are applying for the position of deputy sheriff or Reserve deputy sheriff, are you 21 years of age or older?  Yes  No

If you are applying for the position of dispatcher or correctional Officer, are you 19 years of age or older?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work

Do you type?  Yes  No If yes, how many words per minute? \_\_\_\_\_

Have you been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

SCLEC IS AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Elementary					High school				Undergraduate College/University				Graduate/ Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any speicalized training, apprenticeship, skills and extra-cirricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write			
	<i>FLUENT</i>	<i>GOOD</i>	<i>FAIR</i>
Speak			
Read			
Write			

List professional, trade, busines or civic activities and offices held. <i>(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or any other protected status)</i>

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.
1.
2.
3.

Have you ever had any job-related training in the United States military?  Yes  No

If yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes  No

# Employment Experience

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or any other protected status.

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

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

## Special Skills and Qualifications

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

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# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arrived at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

INTERVIEWER      DATE

Employed  Yes  No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

NOTES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_