

Return to:

SALINE COUNTY  
Courthouse  
Box 865  
Wilber, NE. 68465

An Equal Opportunity Employer

**Application for Employment  
(Drivers Only)**

This application is good for 60 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, marital status, pregnancy, military status, 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.

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) \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ (How Long) \_\_\_\_\_  
Street City State Zip Code

**ADDRESSES FOR PAST THREE YEARS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(How Long) \_\_\_\_\_  
(How Long) \_\_\_\_\_  
(How Long) \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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 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? \_\_\_\_\_

Are you available to work :  Full-time  Part-Time  Seasonal  Summer Only  Temporary  
What days?  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Are you on a layoff and subject to recall?  YES  NO

Would you be willing to work out of town?  YES  NO

This position is subject to a veteran's preference. Are you eligible for 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.

	High School	Tech School	College / University
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 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).

EMPLOYER:	Dates Employed		Describe Work Performed
Name: Address:	From	To	
Telephone: (     )			Were you subject to DOT regulations for Any job you held? YES or NO  Were you subject to DOT required drug/ Alcohol testing for any job you held? YES or NO
Job Title:	Hourly Rate / Salary Starting	Final	
Supervisor:			
Reason for leaving:			
EMPLOYER:	Dates Employed		Describe Work Performed
Name: Address:	From	To	

Telephone: (      )			<p>Were you subject to DOT regulations for Any job you held? YES or NO</p> <p>Were you subject to DOT required drug/ Alcohol testing for any job you held? YES or NO</p>
Job Title:	<p>Hourly Rate / Salary</p> <p>Starting                      Final</p>		
Supervisor:			
Reason for leaving:			
<b>EMPLOYER:</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
Name:	From	To	<p>Were you subject to DOT regulations for Any job you held? YES or NO</p> <p>Were you subject to DOT required drug/ Alcohol testing for any job you held? YES or NO</p>
Address:			
Telephone: (      )			
Job Title:	<p>Hourly Rate / Salary</p> <p>Starting                      Final</p>		
Supervisor:			
Reason for leaving:			
<b>EMPLOYER:</b>	<b>Dates Employed</b>		<b>Describe Work Performed</b>
Name:	From	To	<p>Were you subject to DOT regulations for Any job you held? YES or NO</p> <p>Were you subject to DOT required drug/ Alcohol testing for any job you held? YES or NO</p>
Address:			
Telephone: (      )			
Job Title:	<p>Hourly Rate / Salary</p> <p>Starting                      Final</p>		
Supervisor:			
Reason for leaving:			



**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 or NO

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**SPECIAL SKILLS AND QUALIFICATIONS**

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Summarize special skills 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 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 MYSELF 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 should I be determined to meet the minimum employment qualifications for the position(s) for which I am applying, the County will ask me to submit additional responses to questions regarding (1) prior convictions for alcohol or drug related crimes or traffic offenses, including whether such prior convictions involved the use of a vehicle and (2) any currently pending alcohol or drug related charges or arrests that have not yet been fully resolved or disposed of, including whether such charge or arrest involved the use of a vehicle.

I understand that my previous employers may be contacted and that the information provided by me may be used for the purpose of investigating my safety performance history as required by DOT regulations. 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**