**OTOE COUNTY**

**NEBRASKA EXTENSION IN OTOE COUNTY 4-H EXTENSION ASSISTANT POSITION**

**APPLICATION FOR EMPLOYMENT**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other

status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection

decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. In

reading and answering all the following questions, be aware that none of the questions are intended to imply illegal preferences or

discrimination based upon non-job-related information.

**Please print and use blue or black ink. DO NOT use pencil. Date of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Last First Middle

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Street/Route/PO Box City State Zip Code How long at this address?

**Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

(If you are hired you may be required to submit proof of age)

Have you filed an application with the county before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been employed with Otoe County before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date & department. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_

Date you are available for work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you prevented from lawfully becoming employed

in this country because of VISA or Immigration Status? Yes \_\_\_\_\_ No \_\_\_\_\_

(Proof of citizenship or immigration status may be required upon employment.)

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available to work? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

Are you on lay-off and subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you perform the essential functions of this job

with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\* (Do not answer this question unless you have been informed

about the requirements of the job for which you are applying)

Do you have any relatives working for Otoe County? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This position is subject to a veteran’s preference. Are you eligible for Yes \_\_\_\_\_ No \_\_\_\_\_

and requesting a veteran’s preference?

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

**EMPLOYMENT RECORD**

**Start with your present or last job.** Include Military service assignments and volunteer activities. Exclude names of organizations, clubs, professional societies, or other associations of which the applicant is a member which by their name is character indicates the race, color, religion, sex, age, national origin or presence of a disability of its membership. **Under “Specific Duties” describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete.** If you need more space, attach a separate sheet of paper.

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**Employment Information Description of Duties**

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Employer/Kind of Business Position/Title

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Street Address Specific Duties

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City, State, Zip

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Immediate Supervisor/Title Phone Number

From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Employment (Month, Year) Reason for Leaving

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Employer/Kind of Business Position/Title

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Street Address Specific Duties

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City, State, Zip

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Dates of Employment (Month, Year) Reason for Leaving

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Employer/Kind of Business Position/Title

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Street Address Specific Duties

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City, State, Zip

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City, State, Zip

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Employer/Kind of Business Position/Title

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Street Address Specific Duties

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City, State, Zip

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**EDUCATION and TRAINING**

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 **Attended Diploma or GED**

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**High School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Military** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMARY of QUALIFICATIONS**

**Describe any specialized training, apprenticeship, skills, and extra-curricular activities that relate to the position for which you are applying:** (Examples: Office equipment knowledge, computer software knowledge, technical skills, professional licenses, professional organization memberships, etc.)

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**ADDITIONAL INFORMATION**

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

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**PERSONAL REFERENCES (*Not Former Employers or Relatives*)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Address City State Zip Code

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 Relationship Known how long Phone Numbers – Day and Night

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Address City State Zip Code

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 Relationship Known how long Phone Numbers – Day and Night

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Address City State Zip Code

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 Relationship Known how long Phone Numbers – Day and Night

**How did you hear about this job opening?**

\_\_\_\_\_ Employee \_\_\_\_\_ Friend \_\_\_\_\_ Family

\_\_\_\_\_ Newspaper \_\_\_\_\_ Online \_\_\_\_\_ Department of Labor

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE READ EACH STATEMENT CAREFULLY BEFORE ACCEPTING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in the application. I also authorize where listed or not, any person, school, current employer, past employers, and organizations to provide relevant information that may be useful in statements. I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition or employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a pre-employment drug screen and/or physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statement by management or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my acceptance consent to these statement.

 I accept the terms.

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

Signature Date

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