

Employment Application Lower Loup Natural Resources District

2620 Airport Drive, Ord, Nebraska 68862-1002

Phone (308) 728-3221

In compliance with Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group. Lower Loup Natural Resources District is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Applicant's Name (Last, First, Middle)	ne of Work Desired (Circle all that Apply): Full-time rt-time Permanent Temporary		
Street Address	Date Available For Work:		
City, State, Zip	elephone Number(s)		
Position Applied For:			
Please List The Counties Where You Would Accept Employment	Are You A Veteran? (Circle One) Yes No		
	Are you legally able to work in the United States (Circle One) Yes No		
Have you previously been employed by the State of Nebraska? (Circle one) Yes No			
If yes, when and where?			
Employment Record			
List below the positions you have held starting with your present employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Under "Specific Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete.			
May we contact your current employer(s)? Yes No (Circle one)			
Employment Information	Description of Duties		
Employer/Kind of Business	Position Title Number Supervised		
Street Address	Specific Duties		
City, State, Zip			
Immediate Supervisor/Title Telephone Number/	Ext		
Dates of Employment (Month, Year) From: To:			
Total Employment Part-time Hours Worked Per W Years: Months: Full-time	eek Reason for job change:		



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Employment Information (Cont.)	Description of Duties	
Employer/Kind of Business	Position Title	Number Supervised
Street Address	Specific Duties	
City, State, Zip		
Immediate Supervisor/Title Telephone Number/Ext		
Dates of Employment (Month, Year) From: To:		
Total Employment	Reason for job change:	
Employment Information	Description of Duties	
Employer/Kind of Business	Position Title	Number Supervised
Street Address	Specific Duties	
City, State, Zip		
Immediate Supervisor/Title Telephone Number/Ext		
Dates of Employment (Month, Year) From: To:	1	
Total Employment	Reason for job change:	
Education/Skil	lls Record	
Give your complete educational story. Transcripts of	f post-high school coursework may b	e required.
Languages: Please list languages in which you are fluent, other than English:	List any special skills or course work:	
High School:	Military Training: Courses	
Major/Focus: Degree Received (if no degree, write "none"):	If a license or certificate is required for the position, list here: License Number	
	Trade/Profession: Granted by:	 Date:
I understand that any false information in this application will be sufficient reasherewith authorize and request each and every former employer, person, firm questions that may be asked and herewith hold such persons harmless for giving right to make a written request within a reasonable period of time for complet nature and scope of this investigation. In addition, my signature on this application to any state or federal investigative	n, corporation, and educational institutior ing any and all information within their kn te and accurate disclosure of additional in cation form will serve as authorization to i	n to answer any and all nowledge or records. I have the nformation concerning the
SIGN HERE:	DATE:	