

Seward County Communications Center

Application For Employment

Seward County assures equal employment opportunity to applicants in all aspects of personnel administration without regard to political affiliation, race, colors, national origin, sex, age, marital status, mental or physical disability or religious creed and with proper regard for their privacy and constitutional rights. **Applicants who need accommodations in the selection process should request this in advance.**

Social Security Number _____ . Type of work desired(check all that apply)

Fulltime _____ Part time _____

Applicant's Name

Last _____ First _____ Middle _____

Street address _____ City, State, ZIP Code _____

Home telephone _____ Work Phone _____ Cell Phone _____

Position Applied For _____ Date Available to Begin Work _____

Are you legally able to work in the United States? Yes ___ No ___

Have you ever been convicted of, pleaded guilty to, pleaded no contest or "nolo contendere" to, been paroled for, received probation or deferred judgment for, or received a suspended imposition/execution of sentences for any felony or misdemeanor in any jurisdiction?

Yes ___ No ___

Do you have any pending criminal charges in any jurisdiction that have not yet been fully resolved or disposed of? Yes ___ No ___

(Conviction or pending arrest will not necessarily disqualify applicant from employment. How recently, severity, and pertinence of the conviction to the job will all be considered)

If you answered yes to either of the above questions, provide details for each crime or charge (date, jurisdiction, crime involved, disposition, current status, etc.) Add additional sheets if necessary to fully explain.

Education/Skills

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: Name of school _____ City, State _____

Did you graduate? Yes _____ No _____

If No, circle last grade completed: 6 7 8 9 10 11 12

Describe course of study: _____

Vocational/Technical school: Name of school _____ City, State _____

Did you graduate? Yes _____ No _____ Diploma/Degree _____

If no, circle last year completed: 1 2 3 4

Describe course of study: _____

College/University: Name of school _____ City, State _____

Did you graduate? Yes _____ No _____ Diploma/Degree _____

If no, circle last year completed: 1 2 3 4

Describe course of study _____

Education/Skills (continued)

Have you had training courses or work experience in: (please check all that apply)

Typing_____ Pc/Computer Terminal_____ Word Processing_____
Two-Way Radio_____ Date Entry____ Calculator/Adding Machine_____
Phone System(s)_____ Map reading_____ Transcription_____

Notes:

Please List any other types of equipment you can operate or skills you possess which you feel would be an asset in the position for which you are applying: _____

Licenses and Certificates

If you possess any license, certificate or authorization to practice a trade or profession, please list below:

Name of Trade or profession_____ License Number_____
Granted by_____ City, State_____
Specialty_____ Licensed from_____ To_____

Name of Trade or profession_____ License Number_____
Granted by_____ City, State_____
Specialty_____ Licensed from_____ To_____

Employment Experience/Work History

Give a complete record of all employment. Please include all periods of self employment and unemployment as well. Begin with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "specific duties" describe clearly the task(s) you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers, unless you request otherwise. Volunteer or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper.

Employer/Type of Business _____ Position/Title _____

Address: _____ City, State, ZIP _____

Specific Duties: _____

Immediate Supervisor/Title: _____/_____

Supervisor Contact Number: _____ - _____

Dates of Employment:(Month/Year) Starting Wage _____ Ending Wage _____

From: _____ To: _____ Part Time: _____ Full Time: _____

Reason for Leaving: _____

Employer/Type of Business _____ Position/Title _____

Address: _____ City, State, ZIP _____

Specific Duties: _____

Immediate Supervisor/Title: _____ / _____

Supervisor Contact Number: _____ - _____ - _____

Dates of Employment:(Month/Year) Starting Wage _____ Ending Wage _____

From: _____ To: _____ Part Time: _____ Full Time: _____

Reason for Leaving: _____

Employer/Type of Business _____ Position/Title _____

Address: _____ City, State, ZIP _____

Specific Duties: _____

Immediate Supervisor/Title: _____ / _____

Supervisor Contact Number: _____ - _____ - _____

Dates of Employment:(Month/Year) Starting Wage _____ Ending Wage _____

From: _____ To: _____ Part Time: _____ Full Time: _____

Reason for Leaving: _____

Employer/Type of Business _____ Position/Title _____

Address: _____ City, State, ZIP _____

Specific Duties: _____

Immediate Supervisor/Title: _____/_____

Supervisor Contact Number: _____ - _____ - _____

Dates of Employment:(Month/Year) Starting Wage _____ Ending Wage _____

From: _____ To: _____ Part Time: _____ Full Time: _____

Reason for Leaving: _____

Employer/Type of Business _____ Position/Title _____

Address: _____ City, State, ZIP _____

Specific Duties: _____

Immediate Supervisor/Title: _____/_____

Supervisor Contact Number: _____ - _____ - _____

Dates of Employment:(Month/Year) Starting Wage _____ Ending Wage _____

From: _____ To: _____ Part Time: _____ Full Time: _____

Reason for Leaving: _____

Employer/Type of Business _____ Position/Title _____

Address: _____ City, State, ZIP _____

Specific Duties: _____

Immediate Supervisor/Title: _____/_____

Supervisor Contact Number: _____ - _____ - _____

Dates of Employment:(Month/Year) Starting Wage _____ Ending Wage _____

From: _____ To: _____ Part Time: _____ Full Time: _____

Reason for Leaving: _____

Employer/Type of Business _____ Position/Title _____

Address: _____ City, State, ZIP _____

Specific Duties: _____

Immediate Supervisor/Title: _____/_____

Supervisor Contact Number: _____ - _____ - _____

Dates of Employment:(Month/Year) Starting Wage _____ Ending Wage _____

From: _____ To: _____ Part Time: _____ Full Time: _____

Reason for Leaving: _____

Employer/Type of Business _____ Position/Title _____

Address: _____ City, State, ZIP _____

Specific Duties: _____

Immediate Supervisor/Title: _____ / _____

Supervisor Contact Number: _____ - _____ - _____

Dates of Employment:(Month/Year) Starting Wage _____ Ending Wage _____

From: _____ To: _____ Part Time: _____ Full Time: _____

Reason for Leaving: _____

Employer/Type of Business _____ Position/Title _____

Address: _____ City, State, ZIP _____

Specific Duties: _____

Immediate Supervisor/Title: _____ / _____

Supervisor Contact Number: _____ - _____ - _____

Dates of Employment:(Month/Year) Starting Wage _____ Ending Wage _____

From: _____ To: _____ Part Time: _____ Full Time: _____

Reason for Leaving: _____

References

Provide references that are not related to you.

Name: _____

Address: _____

Position: _____

Phone Number: Work _____ Home _____ Cell _____

What is the best time to contact this person? Day _____ Night _____

Name: _____

Address: _____

Position: _____

Phone Number: Work _____ Home _____ Cell _____

What is the best time to contact this person? Day _____ Night _____

Name: _____

Address: _____

Position: _____

Phone Number: Work _____ Home _____ Cell _____

What is the best time to contact this person? Day _____ Night _____

