Lower Republican Natural Resources District APPLICATION FOR EMPLOYMENT											
POBox 618 • Alma • NE • 68920 Telephone No. (308) 928-2182 • Email: spoyser@lrnrd.org											
		tal or physical disab	ility or religious creed and with pro	in all aspects of personnel administration per regard for their privacy and constitution		l affiliation, race, color,					
		Ар		active for six (6) months. Type of Work Desired (Check all that Apply) □Full Time □Part Time □Permanent □Temporary							
Applicant's Name (Last, First, Mide	dle Initial)		Position Applied For							
Street Address				Date Available for Work							
City, State, Zip				E-Mail Address							
Home Telephone N		Vork/Message T		Are You a Veteran? Yes No Veteran's Preference can only be given if you submit a DD214 that verifies service in one (or more) of these time frames:							
∐ Yes ∐ No I	f YES, please e	xplain.		1 – WW II3 – Vietnam Era 2 – Korean Incident4 – Desert Storm/Shield							
List below the positions y as a separate period of e	considered in re ou have held startin mployment. Under may be verified by	Are you legally able Ye NT RECORD Ition or classification has been held with a gi ed and the nature of your supervisory, techr rwise. Volunteer or unpaid experience will b ate sheet of paper.	iven organization, list each nical or other responsibilitie	n position or classification es. Please be complete.							
Employer/Kind of B		INT INFORMAT	ION	DESCRIPTION OF DUTIES Position Title Number							
Street Address				Supervised Specific Duties							
City, State, Zip											
Immediate Supervis	sor/Title										
Dates of Employme From:	ent (Month, Year To:										
Total Employed: Years: Months:	Per Week										
Employer/Kind of B	Business			Position Title Number Supervised							
Street Address				Specific Duties							
City, State, Zip											
Immediate Supervis	sor/Title										
Dates of Employme From:	ent (Month, Year To:	,									
Total Employed: Years: Months:	Part-Time Full -Time	Hours Worked Per Week	Salary	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 Superv	isor/Title																	
Dates of Employm From:	ent (Month, Year To:)																
Total Employed: Part-Time Hours Worked Salary Years: Per Week Salary Salary							Reason for Job Change											
Months: Image: Full -Time Employer/Kind of Business							Position Title Number Supervised											
Street Address							Supervised Specific Duties											
City, State, Zip																		
Immediate Superv	isor/Title																	
Dates of Employment (Month, Year) From: To:																		
Total Employed: Years:	□ Part-Time		irs Worked Salary er Week					Reason for Job Change										
Months:	Full -Time																	
	Give your	comr	nlete er	ducati								irsework m	av he re	auire	h			
	Cive your	comp		aucan								avy Equipr				u May	Have	
Are you bilingual? Yes I No I If so, check all that apply. French Sign Language (ASL) German Other																		
Have You Had Trai	-		•						Comput	ter Prog	rams Yo	ou Are Fam	iliar wit	h and	Stat	e the L	evel c	ſ
Spreadsheet	Calculator/Addi	ng Ma	achine	∐Di	ctation	Equipme	ent											
Shorthand/Speedwriting Types of Equipment:																		
		UN	IIVER	SIT	/ and	COLLE	GE	(Und	lergradı	uate, G	raduate	e, Doctora	te)					
Name and Location			From To Mo. Yr. Mo. Y			То		Total Semi.	Total Qtr.		Field of Study					ate of Graduation Degree Awarded		
						Yr.			Hrs.					Mo	Yr	Degree		
Name											Major Minor							
Location Name																		
Location							Major Minor											
Name							Major											
Location											Min							
BUSINESS, CORRESPONDENCE, TRADE, TECHNICAL or VOCATIONAL SCHOOL or MILITARY IN-SERVICE TRAINING					L	Dates of Attendance Month/Year Time Time Receiv												
Name Location						From	То		Hrs/Wk	Yes	No							
					110	CENSE	s ar	od C	EDTIE	CATE	9							
If a license, certificate	e or other authoriz	ation t	o pract	ice a tr								ou are apply	/ina. con	nplete	the fo	llowing	auesti	ons.
Name of Trade or														se No		<u> </u>		
Granted By 0					City and State													
Specialty						Licensed From To												
	- information in the	li e e ti			,	a la atla d		R a a C				Linear W					6	
I Understand that any false information in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation and educational institution to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure and additional information concerning the nature and scope of this investigation. In addition, my signature on this application form will serve as authorization to release any and all information recorded to nor attached to this application to any state or federal investigative agency.																		

 \triangleright

Use Ink

<u>References</u>

References (Names)	Reference's Phone Number	Business or Association (Provide employment references only)					
1.							
2.							
3.							