

Phelps County Sheriff's Office
 Correctional Department
 715 5th Ave.
 Holdrege, NE. 68949
 PH: 308-995-3129
 FAX: 3089953101

EMPLOYMENT APPLICATION

PERSONAL

Name _____
(Last) (First) (Middle) Date

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Social Security Number _____
home cell

Driver's License Number _____ State _____ Expiration Date _____

Have you ever been convicted of a felony? Yes No Explain Felony _____

Are you a citizen of the United States? Yes No _____

JOB INTERESTS/SKILLS

Position(s) applied for _____ Salary Desired _____

Have you applied for a position here before? Yes No If yes, when? _____

Type of employment requested Full Time Part Time Date you could begin working _____

Summarize any other special skills or qualifications _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER EDUCATION				

REFERENCES

Name	Relationship	Home Phone	Daytime Phone

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor _____ phone # _____

Employed From _____ To _____ you may contact my current employer _____

Work Performed _____

Reason for leaving _____

2. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor _____ phone # _____ Employed From _____ To _____

Work Performed _____

Reason for leaving _____

3. Name of Employer _____

Address _____
(Street) (City) (State) (Zip Code)

Supervisor _____ phone # _____ Employed From _____ To _____

Work Performed _____

Reason for leaving _____

Do not write below this line

Sleuth check Y N Psych test _____ result Y N Criminal History Y N

Interview by _____ date _____
remarks: _____

Hired Y N Date reporting _____ Wage \$ _____ / hour
Comment: _____

ACKNOWLEDGEMENT

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature _____ Date _____