

APPLICATION INSTRUCTIONS  
Hall County Dept. of Corrections 110  
Public Safety Dr.  
Grand Island, NE 68801

When completing this application:

- Complete this form in its entirety and return the signed copy to the Hall County Department of Corrections. If sending digitally, DO NOT send photos of the application.
- DO NOT refer to other documents, such as a resume, in lieu of completing the information on this form.
- Type or print clearly in ink
- Answer all questions
- You must sign the applicant statement. An electronic signature is acceptable but must be accompanied by a verification.

*Mr. Example*

Digitally signed by your common  
name here  
DN: your distinguished name here  
Reason: your signing reason here  
Location: your signing location here  
Date: 2010.03.17 21:52:41 -07'00'

Example:

- If you need more space to answer a question, use additional paper. If using additional pages, be sure to write the corresponding question number in front of the response, write your name on each page and attach all pages to the form when you submit it.
- Your application for employment with HCDC will not be processed if this application is not completed.
- Intentional inclusion of false or inaccurate information as well as omission of information may be grounds for rejection of your application for employment.
- Information obtained through the employment background check remains confidential.

**Hall County Department of Corrections  
Equal Employment Opportunity Employer  
110 Public Safety Dr.  
Grand Island, NE 68801  
308-385-5206**

**Application for Employment  
This application is good until the position is filled.**

---

**Hall County** assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, pregnancy, mental or physical disability, genetic information, religion, military status, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

**FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.**

Type of Work Desired (CHECK ALL THAT APPLY):

Full-Time  Part-Time  Regular  Temporary

Have you ever been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Applicant's Name (Last, First, Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available for Work \_\_\_\_\_

How did you learn about the job you have applied for? (Be specific as to the source.) \_\_\_\_\_

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

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired if you receive an offer of employment.

This position is subject to a veterans preference. Are you eligible for and requesting a veterans preference?  Yes

(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

List below the positions you have held, starting 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 tasks 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. Volunteer, military, 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. Please exclude organization names that indicate, for example, race, color, religion, sex, disability, or national origin.

Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year) From: _____ To: _____	Hourly Rate/Salary Starting: _____ Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	
Reason for Leaving	
Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number
Dates of Employment (Month/Year) From: _____ To: _____	Hourly Rate/Salary Starting: _____ Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>	
Reason for Leaving	
Employment Information	Description of Duties
Employer/Kind of Business	Position Title
Street Address	Specific Duties
Immediate Supervisor/Title	Telephone Number



---

---

### **LICENSES AND CERTIFICATES**

---

---

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:

<b>Name of Trade or Profession</b>	<b>License Number</b>
<b>Granted by</b>	<b>City and/or State</b>
<b>Specialty</b>	<b>Licensed</b> <b>From:</b> <b>To:</b>

---

**APPLICANT'S STATEMENT**

---

These answers are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in connection with this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required, depending upon County policy. I authorize the County to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this County against any liability that might result from making such investigation.

Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the County deems appropriate.

**Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between Hall County and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and Hall County retains the same right, regardless of any oral representations to the contrary. Any changes in this "at will" employment relationship must be made in writing and approved by the County Board.**

**SIGN  
HERE**

---

Applicant's Signature (Use Ink)

---

Date