Nuckolls County

An Equal Opportunity Employer
150 S. Main, Nelson, NE 68961

Application for Employment

(Drivers Only)

This application is good for 180 days or until the position is filled.

Applicants are considered for the position specified below, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, disability, genetic information, marital status, pregnancy, military status, or any other prohibited basis of discrimination under applicable local, state, or 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.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation, if required by Sec. 391.23 of Department of Transportation Regulations.

Applicant Signature _____ Date of Application _____

Position Applied For _____

(PLEASE PRINT)

Full Name (Last) _____ (First) _____ (Full Middle) _____

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

ADDRESSES FOR PAST THREE YEARS

_____ (How Long) _____

_____ (How Long) _____

_____ (How Long) _____

Current Telephone Number: _____

Social Security Number: _____ Date of Birth (Required by DOT regulations): _____

Have you filed an application with our County before? ☐ Yes ☐ No

If yes, give date: _____ Department: _____

Have you ever been employed with our County before? ☐ Yes ☐ No

If yes, give date: _____ Department: _____

How did you learn of the job you applied for? (Be specific as to source.) _____

Are you employed now? ☐ Yes ☐ No **May we contact your present employer?** ☐ Yes ☐ No

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 regulations prepared by the United States Citizenship and Immigration Services. Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work ☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Summer Only ☐ Temporary

What days? ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Are you on a layoff and subject to recall? ☐ Yes ☐ No

Would you be willing to work out of town? ☐ Yes ☐ No

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This position is subject to a veteran's preference. Are you eligible for and requesting a veteran's 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.]

EDUCATION

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	Tech School	College/University
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
School Name and Location			
Diploma/Degree			
Describe Course of Study			

EMPLOYMENT EXPERIENCE

Give a complete record of all employment for the past 10 years. Use a separate section for any unemployment or self-employment history, if necessary. Your application will not be processed if it is not properly completed.

The information you provide may be used, and your previous employers will be contacted, for the purpose of investigating your safety performance history information as required by 49 C.F.R. § 391.23 (d) and (e). You may have certain due process rights as specified in 49 C.F.R. § 391.23(i) regarding certain information received as a result of these investigations, including: (i) the right to review information provided by previous employers; (ii) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; and (iii) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. To review this information, you must make a written request within the time frame set forth in 49 C.F.R. § 391.23(i).

Employer	Dates Employed		Describe Work Performed
Address Telephone: ( )	From	To	
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No Were you subject to DOT-required drug/alcohol testing for any job you held? ☐ Yes ☐ No

Employer	Dates Employed		Describe Work Performed
Address Telephone: ( )	From	To	

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Job Title	Hourly Rate/Salary Starting/Final	
Supervisor		
Reason for Leaving		

Were you subject to DOT regulations for any job you held? ☐ Yes ☐ No

Were you subject to DOT-required drug/alcohol testing for any job you held? ☐ Yes ☐ No

Employer	**Dates Employed**		**Describe Work Performed**
Address Telephone: ( )	From	To	
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			

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Employer	**Dates Employed**		**Describe Work Performed**
Address Telephone: ( )	From	To	
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Telephone: ( )			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
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TRUCK DRIVING EXPERIENCE				
Class of Equipment	**Type of Equipment (Van, Tank, Flat, Etc.)**	**Dates From/To**		**Approximate Number of Miles/Hours**
Straight Truck				
Tractor and Semi-Trailer				
Material Handling Equipment				

Have you EVER been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

If yes, where? _____ When? _____

Why? _____

Is your license to drive suspended or revoked at this time, in any state? ☐ Yes ☐ No

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If yes, where? _____ When? _____

Why? _____

Has any license, permit, or privilege EVER been suspended or revoked? ☐ Yes ☐ No

If yes, where? _____ When? _____

Why? _____

Is your driving privilege limited in any way, such as probation, area of operation, limitations of hours, etc., at this time? ☐ Yes ☐ No

If yes, why? _____

Are you familiar with D.O.T. Motor Carrier Safety Regulations? ☐ Yes ☐ No

Do you agree to follow them? ☐ Yes ☐ No

List all unexpired commercial drivers' licenses:

State _____ Expiration Date _____ License Number _____

State _____ Expiration Date _____ License Number _____

ACCIDENT RECORD

(List accidents for the past three years.)

Date	Where	Nature of Accident (Head-On, Rear-End, Etc.)	Nature of Injuries	Fatalities	Type of Vehicle You Were Driving

VIOLATIONS OF MOTOR VEHICLE LAWS FROM PAST THREE YEARS

(List only if convicted or if bond or collateral was forfeited; exclude parking violations)

Date	Where	Specific Violation	Outcome/Disposition/Penalty

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OTHER

Will you take an alcohol/drug screen breath/urine test for drug and alcohol or controlled substances?

☐ Yes ☐ No

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences:

_____

_____

_____

_____

State any additional information you feel may be helpful in considering your application:

_____

_____

_____

_____

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APPLICANT'S STATEMENT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

The County may investigate all statements contained in this application, and I understand that any false, omitted, or misleading information may result in my immediate discharge if I am hired.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COUNTY IS TERMINABLE-AT-WILL SO THAT BOTH THE COUNTY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS "AT WILL" EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING AND APPROVED BY THE COUNTY BOARD.

I understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I qualify for the position being considered. In addition, I understand a drug and alcohol test is required.

I understand that should I be determined to meet the minimum employment qualifications for the position(s) for which I am applying, the County will ask me to submit additional responses to questions regarding (1) prior convictions for alcohol or drug related crimes or traffic offenses, including whether such prior convictions involved the use of a vehicle and (2) any currently pending alcohol or drug related charges or arrests that have not yet been fully resolved or disposed of, including whether such charge or arrest involved the use of a vehicle.

I understand that my previous employers may be contacted and that the information provided by me may be used for the purpose of investigating my safety performance history as required by DOT regulations. I authorize the County to make a thorough investigation of my past employment, education, criminal history, driving record, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations supplying such information. 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 as the County deems appropriate.

Signature of Applicant

Date

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Supplemental Application for Employment

(Drivers Only)

This form is to be completed only AFTER the County has determined the Applicant meets the minimum qualifications for the position(s) for which the Applicant is applying.

This application is good for [Number] days or until the position is filled.

Have you EVER been convicted for any alcohol-related crime or traffic offense?

☐ Yes ☐ No

If yes, where? _____ When? _____

Was a vehicle involved? If yes, what type: ☐ Personal ☐ Commercial

☐ Yes ☐ No

If yes, what charge? _____

Have you EVER been convicted for any drug-related crime or traffic offense?

☐ Yes ☐ No

If yes, where? _____ When? _____

Was a vehicle involved? If yes, what type: ☐ Personal ☐ Commercial

☐ Yes ☐ No

If yes, what charge? _____

Do you have any currently pending alcohol-related or drug-related charges or arrests that have not yet been fully resolved or disposed of?

☐ Yes ☐ No

If yes, where? _____ When? _____

Was a vehicle involved? If yes, what type: ☐ Personal ☐ Commercial

☐ Yes ☐ No

If yes, what charge? _____

Conviction or pending arrest will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction or pending arrest to the job will all be considered. If there is additional information that you believe the County should consider in evaluating the responses above, please submit such additional information in writing along with this form and the Applicant's Supplemental Statement.

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APPLICANT'S SUPPLEMENTAL STATEMENT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

The County may investigate all statements contained in this application, and I understand that any false, omitted, or misleading information may result in my immediate discharge if I am hired.

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Signature of Applicant

Date

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