

# Scotts Bluff County

Equal Employment Opportunity Employer



## Application for Employment

This application will be active for 6 months

Any applicant wishing to be considered for employment beyond this time period will need to complete a new application.

Scotts Bluff County guarantees equal employment opportunity to applicants and employees without regard to race, color, religion, creed, gender, national origin, age, mental or physical disability, marital status, or any other prohibited basis of discrimination, as stated under Nebraska and Federal law. Federal law obligates Scotts Bluff County 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 notify the Scotts Bluff County Personnel Office if you need accommodation to complete the application process, or to perform the key elements of the position that you are applying for.

Last Name:	First Name:
Address:	City:
State:	Zip:
Phone #	Email:

**Type of work desired:** (check all that apply) Full-Time  Part-Time  Seasonal  Temporary

**POSITION(S) APPLYING FOR:** \_\_\_\_\_

Have you ever been employed by Scotts Bluff County before? Yes  No

If yes, give details: \_\_\_\_\_

How did you learn about this job opening? \_\_\_\_\_

Do you have any relatives employed by Scotts Bluff County? Yes  No

If so, please state names(s), relationship(s), and department(s): \_\_\_\_\_

Are you legally able to be employed in the United States? Yes  No

If hired, you will be required to submit documentation to establish employment authorization and identity in accordance with the Immigration Reform and Control Act of 1986. Please be prepared to provide this information upon request.

Are you claiming Veteran's Preference? Yes  No

To be eligible to claim Veteran's Preference under the provisions of Section 48-225 through 48-231 of the Nebraska Statutes, you must furnish a copy of honorable discharge (Form DD214) at the time of filing this application.

Veteran's preference applies when a qualified candidate obtains passing scores on all parts of all examination/interviews.

**On what date would you be available for work?** \_\_\_\_\_

# Scotts Bluff County

## Pre –Employment PREA Questionnaire

**This form must be completed if applying for any position at Scotts Bluff County Detention Center**

As outlined by the Prison Rape Elimination Act (PREA), the Scotts Bluff County Detention Center shall ask all applicants and employees, who may have contact with inmates, about previous conduct described below in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.

**115.17** (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

Have you ever engaged in or been found responsible for engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? (If yes, explain.)

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Have you ever been convicted of engaging or attempting to engage in sexual activity (in the community) facilitated by force, overt or implied threats of force, or coercion, or where the victim did not consent, was unable to consent or refused? (If yes, explain.)

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Have you ever been civilly or administratively adjudicated for engaging or attempting to engage in sexual activity (in the community) facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent, was unable to consent or refused? (If yes, explain.)

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**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **PREA - Release of Information Consent**

In the event that I seek employment with another facility after being employed with Scotts Bluff County Detention Center, I authorize and consent, without reservation Scotts Bluff County HR and the Detention Center to release information requested of them by of other facilities. This includes the disclosure of PREA concerns, disciplinary reports, closed investigations, and any on-going investigation at the time my employment with Scotts Bluff County was terminated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The information on this form is to be completed to determine if the Applicant meets the minimum qualifications.



# Employment Experience

Employer: _____	Telephone Number: _____
Address: _____	Starting Pay: _____ Ending Pay: _____
City: _____	State: _____ Zip: _____
Supervisor: _____	Employment Dates: _____ to _____
Your Job Title: _____	Part-Time: _____ Full-Time: _____

Your Key Duties:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: _____	Telephone Number: _____
Address: _____	Starting Pay: _____ Ending Pay: _____
City: _____	State: _____ Zip: _____
Supervisor: _____	Employment Dates: _____ to _____
Your Job Title: _____	Part-Time: _____ Full-Time: _____

Your Key Duties:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# Employment Experience

Employer: _____	Telephone Number: _____
Address: _____	Starting Pay: _____ Ending Pay: _____
City: _____	State: _____ Zip: _____
Supervisor: _____	Employment Dates: _____ to _____
Your Job Title: _____	Part-Time: _____ Full-Time: _____

Your Key Duties:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: _____	Telephone Number: _____
Address: _____	Starting Pay: _____ Ending Pay: _____
City: _____	State: _____ Zip: _____
Supervisor: _____	Employment Dates: _____ to _____
Your Job Title: _____	Part-Time: _____ Full-Time: _____

Your Key Duties:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Education/Skills

Type of School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
<b>High School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No * See below
<b>*GED</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Undergraduate College</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Graduate Professional</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other/Business/ Trade/Technical (specify)</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate any languages you can speak, read, or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

**Have you been trained or had course work in any of the following skills? (check all that apply)**

Typing \_\_\_\_\_ Word Processing \_\_\_\_\_ Data Entry \_\_\_\_\_

Basic Computers \_\_\_\_\_ Adding Machine \_\_\_\_\_

<b>Please list any additional equipment you can operate, any certifications or licenses you possess, and any additional skills that you feel would be beneficial to the position for which you are applying.</b>

# Personal/Professional References

Name:
Phone:
Occupation:
# of Years Acquainted:

Name:
Phone:
Occupation:
# of Years Acquainted:

Name:
Phone:
Occupation:
# of Years Acquainted:

Name:
Phone:
Occupation:
# of Years Acquainted:

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

***NOTE: UNSIGNED AND UNDATED APPLICATIONS WILL BE DISREGARDED***

**This application must be FULLY completed.**

## To submit application:

### Mail to or deliver in person:

Attn: Personnel Office  
Scotts Bluff County  
1825 10<sup>th</sup> Street  
Gering, NE 69341

**Email:** [personnel@scottsbluffcounty.org](mailto:personnel@scottsbluffcounty.org)

**Fax:** 308-436-7163