

Hitchcock County

An Equal Opportunity Employer
229 East D St. – Trenton, NE 69044

**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.

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.

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.

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 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