

APPLICATION FOR EMPLOYMENT

Region 26 Council
Emergency Management & 911 Communications
"AN EQUAL OPPORTUNITY EMPLOYER"

INSTRUCTIONS TO APPLICANTS:

Please complete this form legibly in ink or electronically. **If filling out electronically, please save the file to your computer.** Be sure to answer all questions completely. Incomplete applications may be returned for completion. All statements are subject to verification, and any false information may result in removal from consideration or dismissal from service.

Please print out completed application mail or email to:

Region 26 Council
PO Box B
402 4th Street
Taylor, Nebraska 68879-0140

Fax: (308) 942-3127

Email: donna@region26.org or miki@region26.org

APPLICANT INFORMATION

Full Name: _____ Date: _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Email: _____

Do you object to inquiry of your present employer regarding your work record, qualifications, or abilities? Yes ☐ No ☐

Have you ever been discharged or asked to resign from employment? Yes ☐ No ☐

Have you ever been convicted of a crime other than a minor traffic violation? Yes ☐ No ☐

(Conviction records are not necessarily a bar to employment.)

If you answered "Yes" to any question above, please explain:

Are you a U.S. Citizen? Yes ☐ No ☐

Do you have a valid Nebraska Driver's License? Yes ☐ No ☐

Will you consider temporary employment? Yes ☐ No ☐

Will you consider part-time employment? Yes ☐ No ☐

EMPLOYMENT RECORD

List your employment history in reverse chronological order, starting with your most recent position. Include all relevant work experience.

1. Employer: _____ Phone: _____

Address: _____ City/State: _____

Kind of business: _____

Employment Dates: From _____ To _____ Salary: Start \$____ End \$____

Job Title: _____ # Supervised: _____

Description of Duties: _____

Reason for leaving: _____

2. Employer: _____ Phone: _____

Address: _____ City/State: _____

Kind of business: _____

Employment Dates: From _____ To _____ Salary: Start \$____ End \$____

Job Title: _____ # Supervised: _____

Description of Duties: _____

Reason for leaving: _____

3. Employer: _____ Phone: _____

Address: _____ City/State: _____

Kind of business: _____

Employment Dates: From _____ To _____ Salary: Start \$____ End \$____

Job Title: _____ # Supervised: _____

Description of Duties: _____

Reason for leaving: _____

REFERENCES

List three persons (not relatives or former employers) who can provide information about your character, experience, and ability:

1. Name: _____ Phone: _____

Address: _____ City/State: _____

Occupation: _____

2. Name: _____ Phone: _____

Address: _____ City/State: _____

Occupation: _____

3. Name: _____ Phone: _____

Address: _____ City/State: _____

Occupation: _____

EDUCATIONAL BACKGROUND

High School Name: _____ Location: _____

Did you graduate? Yes ☐ No ☐ GED? Yes ☐ No ☐ Date Issued: _____

Vocational or Technical Training:

School Name: _____ Location: _____

From _____ To _____ Diploma/Certificate: _____

Subjects Studied: _____

College or University:

School Name: _____ Location: _____

From _____ To _____ Degree Awarded: _____

Major/Field of Study: _____

ADDITIONAL EXPERIENCE OR SKILLS

APPLICANT CERTIFICATION AND SIGNATURE

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission may disqualify me from employment or result in dismissal if employed. I authorize investigation of all statements contained in this application.

Signature: _____ Date: _____

IMPORTANT: Please review your application to ensure all sections are complete before submission.

Revised November 2025