

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

(Please Print)						
Date of Application:	Position Applied For:					
Referral Source:						
Newspaper	☐ Walk-In ☐ Friend/Relative ☐ City			Employee		
□ Website	☐ Employment Agency	□ Otł	ner	•	_ ` `	
Last Name	First Name Mid		dle Name			
Present Address						
Number	Street		City	Stat	е	Zip
Home Phone		Mobile I	Phone			
E-mail		Social Se	ecurity Number			
Are you 18 years of ag	ge or older? 's commercial insurance con	npany reauii	res an employee	to be 18 vears of	□ <b>Yes</b>	□ <b>No</b> older in
	quired and for operation of r				age or e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Have you ever filed an application with us before? If yes, give date			□Yes	□No		
Have you ever been e	mployed with us before? If y	yes, give dat	es		□Yes	□No
Are you currently employed?   No May we contact your present employer?				□Yes	□No	
Are you currently on "lay-off" status and subject to recall?				□Yes	□No	
Are you prevented fro	m lawfully becoming emplo	yed in this c	ountry because	of Visa or Immigr	ation sta	atus?
Proof of citizenship or	immigration status will be r	equired upo	n employment.		□Yes	□No
What date are you ava	ailable to start work?					
Are you available to w	ork:	Full Time	□Part Time	□Temporary	□Wee	kends
Can you travel if a job	•				□Yes	□No
	rforming, in a reasonable m	anner, the a	ctivities involved	in the job for wh	•	
applied?					□Yes	□No
•	ted of a felony within the la				□Yes	□No
If Yes, Please explain (	Convictions will not necessa	rily disqualij	fy an applicant fr	om employment.	)	

## **EDUCATION**

EDUCATION					
	Name & Address of School	Course of Study	Years Completed	Diploma / Degree	
High School		-			
College					
_					
Other					
SPECIALIZED SKIL	LS				
Check all skills & e	equipment that apply.				
□Computer □		□Сору Ма	chine □Emai	l □ Word	
•					
□Excel	PowerPoint □Sage/	Peachtree	□gWo	rks □Equinox	
□NE Water Licens	se (specify grade)		NE Sewer License (sp	ecify grade)	
			(-)	, , , , , , , , , , , , , , , , , , , ,	
□CDL (specify clas	os				
OTHER TRAINING	AND QUALIFICATIONS				
Describe any spec	ialized training, apprenticeshi	p. skills and extracu	rricular activities.		
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A ALL IT A DV EVDED!	FNOF				
MILITARY EXPERI					
Describe any job-	related training received in the	e United States Milit	ary.		
PROFESSIONAL. T	RADE, BUSINESS, OR CIVIC A	CTIVITIES AND OFFI	CES HELD		
PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD					
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry,					
disability or other protected status.					
			<u> </u>		

## **EMPLOYMENT EXPERIENCE**

Start with your present or most recent job. Include military assignments.

Employer	Job Title
Address	Employment Dates FROM: TO:
Telephone ( ) Supervisor:	Wages/Salary START: FINAL:
Reason for Leaving	Duties/Responsibilities
Employer	Job Title
Address	Employment Dates FROM: TO:
Telephone ( ) Supervisor:	Wages/Salary START: FINAL:
Reason for Leaving	Duties/Responsibilities
Employer	Job Title
Address	Employment Dates FROM: TO:
Telephone ( ) Supervisor:	Wages/Salary START: FINAL:
Reason for Leaving	Duties/Responsibilities
Employer	Job Title
Address	Employment Dates FROM: TO:
Telephone ( ) Supervisor:	Wages/Salary START: FINAL:
Reason for Leaving	Duties/Responsibilities

If you need additional space, please continue on a separate sheet of paper.

## **APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigations 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 45 days. 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 the City of Springfield 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 the City of Springfield.

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 that I must complete the Employment Eligibility Verification Form I-9 by the end of the first day of employment and present required documentation establishing identity and employment eligibility by the end of the third day of employment. I understand, also, that I am required to abide by all laws, rules, and regulations of the City of Springfield and the State of Nebraska.

Applicant's Signature		Date				
FOR PERSONNEL DEPARTMENT USE ONLY						
Arrange Interview  □Yes □No	Employment Offered	Hire Date				
Interviewer(s)	Job Title	Wage/Salary				
Remarks / Notes						
City Administrator		 Date				