



**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)

<b>Date of Application:</b>	<b>Position Applied For:</b>
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Referral Source:

- Newspaper    
  Walk-In    
  Friend/Relative    
  City Employee  
 Website    
  Employment Agency    
  Other \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Present Address</b>		
_____		
(Number	Street	City
		State
		Zip)
<b>Home Phone</b>	<b>Mobile Phone</b>	
<b>E-mail</b>	<b>Social Security Number</b>	

Are you 18 years of age or older?  Yes    No

*The City of Springfield's commercial insurance company requires an employee to be 18 years of age or older in the event driving is required and for operation of machinery (i.e. lawn mowing, etc.).*

Have you ever filed an application with us before? If yes, give date \_\_\_\_\_  Yes    No

Have you ever been employed with us before? If yes, give dates \_\_\_\_\_  Yes    No

Are you currently employed?  Yes    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 from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.*  Yes    No

What date are you available to start work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary  Weekends

Can you travel if a job requires it?  Yes  No

Are you capable of performing, in a reasonable manner, the activities involved in the job for which you have applied?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

If Yes, Please explain *(Convictions will not necessarily disqualify an applicant from employment.)*

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**EDUCATION**

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
College				
Other				

**SPECIALIZED SKILLS**

*Check all skills & equipment that apply.*

- Computer  Calculator  Fax  Copy Machine  E-mail  Word  Excel  
 PowerPoint  One Note  Peachtree  Summit  Equinox  
 NE Water License (specify grade \_\_\_\_\_)  NE Sewer License (specify grade \_\_\_\_\_)  
 CDL (specify class \_\_\_\_\_)

**OTHER TRAINING AND QUALIFICATIONS** *Describe any specialized training, apprenticeship, skills and extra-curricular activities.*


**MILITARY EXPERIENCE** *Describe any job-related training received in the United States Military.*


**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:*


**EMPLOYMENT EXPERIENCE**

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

<b>Employer</b>	<b>Job Title</b>
<b>Address</b>	<b>Employment Dates</b> <b>FROM:</b> <span style="float: right;"><b>TO:</b></span>
<b>Telephone (    )</b> <b>Supervisor:</b>	<b>Wages/Salary</b> <b>START:</b> <span style="float: right;"><b>FINAL:</b></span>
<b>Reason for Leaving</b>	<b>Duties/Responsibilities</b>

<b>Employer</b>	<b>Job Title</b>
<b>Address</b>	<b>Employment Dates</b> <b>FROM:</b> <span style="float: right;"><b>TO:</b></span>
<b>Telephone (    )</b> <b>Supervisor:</b>	<b>Wages/Salary</b> <b>START:</b> <span style="float: right;"><b>FINAL:</b></span>
<b>Reason for Leaving</b>	<b>Duties/Responsibilities</b>

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<b>Reason for Leaving</b>	<b>Duties/Responsibilities</b>

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<b>Telephone (    )</b> <span style="float: right;"><b>Supervisor:</b></span>	<b>Wages/Salary</b> <b>START:</b> <span style="float: right;"><b>FINAL:</b></span>
<b>Reason for Leaving</b>	<b>Duties/Responsibilities</b>

*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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment offered <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire Date
Interviewer(s)	Job Title	Wage/Salary

Remarks / Notes


By: \_\_\_\_\_ Date \_\_\_\_\_