

Application of Employment

City of Bennet
685 Monroe Street
P.O. Box 255
Bennet, NE 68317
Phone 402.782.3300 Fax 402.782.3320

Employees of the City of Bennet and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender, age, veteran status, or any other legally protected status.

In accordance with the Americans with Disabilities Act (ADA), reasonable accommodations for the application and testing process will be made upon request.

1. Full Legal Name _____
(First) (M.I.) (Last)

2. Position Applied For: _____ 3. Department: _____

4. Employment Desired: _____ Full-Time Only _____ Part-Time Only _____ Full-or-Part-Time

Date Available _____

5. Mailing Address _____
(P.O. Box/Street Address) () (State) (Zip Code)

6. Home Telephone _____ 7. Work Telephone _____

8. Email Address _____ 9. Best Time to Contact You _____

10. Are you 17 years of age or older? Yes No

11. Have You Ever Worked for the City of Bennet? Yes No

If Yes, Give Dates and Departments.

12. EDUCATION/TRAINING

Do you have a high school diploma or a GED certificate? Yes No Year Completed: _____

List high schools, colleges, military, trade, business or other schools attended.

Name and Location of Institution	Hrs. Completed (Clock hrs/Qtr hrs/Sem hrs)	Degree Received	Course of Study (List Major)	Dates Attended
A. _____				
B. _____				
C. _____				
D. _____				

13. A criminal history check will be conducted if you are found to meet the minimum employment qualifications for the position you are applying for.

14. MILITARY DUTY

Have you ever served in Active Duty in the Armed Forces? Yes No

Dates: From: To: Branch of Service

Type of Discharge: Primary Duties:

15. The City of Bennet complies with Nebraska's Veterans Preference laws.

Do you wish to claim Veteran's Preference in your employment search? Yes No

If yes, include documents showing you receive or are eligible to receive benefits from the U.S. Department of Veterans Affairs and a Form DD214 in order to verify entrance and separation dates, type of separation, and character of service. The spouse of a 100 percent disabled veteran may claim preference by providing a Form DD214, proof of disability, and a marriage certificate.

16. EXPERIENCE -- List your last four (4) employers for employment verification purposes starting with the most recent.

a. Job Title _____ Duties: _____
Employer _____
Address _____

Telephone _____ Reason for leaving _____
From (Month - Yr) and starting salary _____ To (Month - Yr) and ending salary _____
Supervisor's Name and Phone Number _____
May we contact your current Supervisor? Yes No

b. Job Title _____ Duties: _____
Employer _____
Address _____

Telephone _____ Reason for leaving _____
From (Month - Yr) and starting salary _____ To (Month - Yr) and ending salary _____
Supervisor's Name and Phone Number _____

c. Job Title _____ Duties: _____
Employer _____
Address _____

Telephone _____ Reason for leaving _____
From (Month - Yr) and starting salary _____ To (Month - Yr) and ending salary _____
Supervisor's Name and Phone Number _____

d. Job Title _____ Duties: _____
Employer _____
Address _____

Telephone _____ Reason for leaving _____
From (Month - Yr) and starting salary _____ To (Month - Yr) and ending salary _____
Supervisor's Name and Phone Number _____

17. LICENSE/REGISTRATION/CERTIFICATE -- Complete the following for jobs requiring a professional license, registration, certificate, Nebraska Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration
A. _____			
B. _____			
C. _____			

18. SPECIALIZED SKILLS AND KNOWLEDGE -- List any skills or knowledge that show that your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.)

APPLICANT STATEMENT

I understand that:

- * Any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my employment. In addition, I authorize and request now or in the future each and every former employer, school, individual, agency, organization or law enforcement agency to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or record.
- * As a condition of employment, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1985.
- * If I am applying for a safety sensitive position covered by the Federal Department of Transportation Regulations, applicants and employees are subject to mandatory drug and alcohol testing policies as a condition of employment. Other employees, regardless of status, may be subject to reasonable suspicion, return to duty, and unannounced follow-up drug and alcohol testing. Employees who test positive are subject to discipline up to and including termination.
- * Unless otherwise defined by applicable law, employees of the City of Bennet serve in an "at will" capacity and can be discharged either with or without cause. Applications are required for each vacant position, including those with the same title; and applications submitted for the general file and not for specific position will be kept on active file for six (6) months and can be activated by me when I want to be considered for one (1) specific position by contacting the Clerk's Office during the open recruitment period, unless specifically waived in writing. THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT. This application must be signed and dated for consideration of employment.

Signature _____

Date _____