DATE_____APPLICANT INITIALS___ _

CITY OF O'NEILL

EQUAL

OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

It is the policy of the City of O'Neill to provide equal opportunity with regard to all terms and conditions of employment. The City of O'Neill complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

NAME _____ Social Security No. _____

(FIRST) (MIDDLE) (LAST)

Has the applicant at any time used any other names? If so, please list name and approximate dates of use.

_____ _____

(FIRST) (MIDDLE) (LAST) (DATES OF USE)

_____ _____

(FIRST) (MIDDLE) (LAST) (DATES OF USE)

CURRENT ADDRESS _____

(STREET) (CITY) (STATE) (ZIPCODE)

EMAIL ADDRESS _____ **PHONE NUMBER** _____

POSITION APPLIED FOR: _____

EXPECTED PAY? Hourly _____ Salary _____

Would you accept full-time work? Yes No Part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? Yes ___ (Dates:_____, No

Do you have any relatives working for the City of O'Neill? Yes ___ No ___
If yes, give names, departments and relationship? _____ __

Ifyou are under 18 years of age, can you provide a work permit, if required? Yes __ No __

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law. Yes No

If more information is needing regarding the job's "essential functions" in order to respond to the above question, you may obtain such information from the City Office.

DATE____________APPLICANT INITIALS___ _

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

____

____

____

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain:

____

____

____

List Licenses/Certificates and any special training or skills, including languages, machine operation, etc. that would be of benefit in the job for which you are applying.

____

____

____

Are you legally eligible for employment in the United States? Yes __ No __

Note: The City of O'Neill uses the E-Verify system to validate employment eligibility. Proof of status will be required.

REFERENCES (Other than family or employers)

Name________________________ Address --

How or what does this person know about you? ____

Name ______________________ Address --

How or what does this person know about you? ______________________________________ __

You may __ You may not __ Check any and all re erences and I old them and you harmless for providing information.

DATE_____ APPLICANT INITIALS___ _

EMPLOYMENT EXPERIENCE

Place an **X** by any employer(s) you **do not** want us to contact. List the most recent employer first.

1. Employer _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Dates Employed: From _____ To _____
(Month/year) (Month/year)

Hourly Rate/Salary: Starting Ending

Work performed: _____

Reason for leaving: _____

2. Employer _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Dates Employed: From _____ To _____
(Month/year) (Month/year)

Hourly Rate/Salary: Starting Ending

Work performed: _____

Reason for leaving: _____

3. Employer _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Dates Employed: From _____ To _____
(Month/year) (Month/year)

Hourly Rate/Salary: Starting Ending

Work performed: _____

Reason or eaving: _____

DATE_____ APPLICANT INITIALS____

U.S. ARMED FORCES SERVICE (if applicable)

Branch _____ Highest Rank Attained: _____

Dates of Service: From _____ To _____
(Month/year) (Month/year)

Veterans Preference Claimed (including any veteran, or the defined spouse of a veteran who has a one hundred percent permanent disability as determined by the United States Department of Veterans Affairs, as defined in §48-225, Neb. Rev. Stat.)

Yes __ No ___ Apllicant's initials and date initialed _____

EDUCATIONAL BACKGROUND

High School:

Name of School _____ Location _____

Did you graduate? Yes __ No ___ Years completed _____

Degree or diploma _____ Course of Study _____

College:

Name of School _____ Location _____

Did you graduate? Yes _ No ___ Years completed _____

Degree or diploma _____ Course of Study _____

Graduate School:

Name of School _____ Location _____

Did you graduate? Yes __ No ___ Years completed _____

Degree or diploma _____ Course of Study _____

Vocational Training - Other:

Name of School _____ Location _____

Did you graduate? Yes __ No ___ Years compete _____

Degree or diploma _____ Course of Study _____

DATE_____ APPLICANT INITIALS____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the City's rules and regulations, and I understand that these rules and/or the Employee Handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by the City of O'Neill.

This application, with any required attachments, must be submitted to and received by the application deadline, if applicable, to:

O'Neill City Office
401 E. Fremont St.
O'Neill, NE 68763

Applicant's Signature _____

Date Signed _____

This application will be kept on file for six months.

.....

For Internal Use:

Application received _____ LB 907 _ _ _ _ _ _ _

Date of Interview .....

DATE_____APPLICANT INITIALS_____

PRE-EMPLOYMENT INFORMATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State Equal Opportunity Employment laws, qualified applicants are considered for employment without regard to race, color, sex, national origin, military status, marital status or the presence of a non-job-related medical condition or handicap.

So that we can comply with Federal/State Equal Opportunity recordkeeping requirements and other legal requirements, please complete this form.

This Pre-Employment Information will be detached and kept in a confidential file separate from the Employment Application, and shall not be used in making any hiring decision or any selection procedure.

Position Applied For: _____ **Date** _____

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (State) (Zip Code)

Birth Date: _____ Age: _____

Are you a U.S. Citizen? ___ Yes _____ No

If not, do you possess an Alien {Work) Registration Card? ___ Yes ___ No

Sex: ___ Male ____ Female

Race/Ethnic Group: ____ Caucasian _____ Asian/Pacific Islander _____ Black

___ American Indian/Alaskan Native ____ Hispanic

Marital Status: _____ Single _____ Married ____ Other {Explain) _____

Are you a Veteran? _____ Yes ___ No If Yes, Service From _____ to _____

Are you a Disabled Veteran? _____ Yes ___ No If yes, V.A. Disability Rate: _____ %

How were you referred to us? _____ Self _____ Friend _____ Employee ____ Newspaper

_____ School _____ Internet ____ Other {Please Explain) _____

Applicant Signature _____ Date _____

AUTHORIZATION FOR RELEASE OF INFORMATION

_____ _____

(Last Name) (First) (Middle) (Date of Birth)

_____ _____

(Current Address) (Social Security Number)

Address of Residence During Past 5 Years: (Period of Time Lived There)

County State From To

(1) ----------

(2) ----------

(3) ----------

(4) ----------

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the City of O'Neill, whether the said records are public or private, and including those which may be deemed to be a privileged of confidential nature. The intention of this authorization is to provide information which will be utilized for reference review purposes only.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

_____ _____

Applicant Signature Date

_____ _____

City of O'Neill Witness Date