

DATE \_\_\_\_\_ APPLICANT INITIALS \_\_\_\_\_

# CITY OF COZAD

EQUAL OPPORTUNITY EMPLOYER

## APPLICATION FOR EMPLOYMENT

It is the policy of the City of Cozad to provide equal opportunity with regard to all terms and conditions of employment. The City of Cozad 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) (ZIP CODE)

**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 Cozad? Yes \_\_\_ No \_\_\_

If yes, give names, departments and relationship? \_\_\_\_\_

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

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You may \_\_\_\_ You may not \_\_\_\_ Check any and all references and I hold them and you harmless for providing information.

### 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 for leaving: \_\_\_\_\_

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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 Cozad.

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

Cozad City Office  
215 W 8th  
Cozad, NE 69130

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 \_\_\_\_\_

## 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)

City

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 Cozad, whether the said records are public or private, and including those which may be deemed to be a privileged or 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 Cozad Witness

\_\_\_\_\_  
Date