CITY OF KEARNEY Human Resources Division 18 East 22nd Street P.O. Box 1180 Kearney, NE 68847 FAX 308.234.6399

Application For Employment



We consider applicants for all jobs without regard to race, color, religion, gender, national origin, age, the presence of a non-job-related medical condition or disability or any other legally protected status. We will not refuse to hire a disabled applicant who is qualified to perform the essential functions of the job with reasonable accommodation. The City of Kearney conducts pre-employment drug tests.

Job Applied For				Date of	Application	on				
	(Ple	ease type or p	rint in ink only)							
Last Name First Name					Middle Initial					
(Permanent) Mailing Address	Number	Street	City	Sta	te	Zip	Code			
(Current) Mailing Address	ess Number Street City				State			Zip Code		
Telephone Numbers	Permanent		Current	Cel	1					
Email Address										
You must fully comprelated personal quality	ification inforn	nation relevar		ay include	a res	ume o	or oth	ner No		
If yes, give date	•	Vhat Department	!?				_			
Are you age 18 or over?						Yes		No		
May we contact your prese	nt employer?					Yes		No		
Are you legally eligible to w Proof of citizenship or imi			э.			Yes		No		
On what date would you be	available for wo	ork?								
Please complete the inform	nation directly be	low:								
Driver's License No		State			Regular		CDL	-		
List any relatives presently	employed by the	e City of Kearney	and state how you	are related.						
Are you willing to work over	rtime if required?)				Yes		No		
Are you willing to work diffe	erent shifts if requ	uired?				Yes		No		
Were you in the U.S. Arme	d Forces?					Yes		Nο		

Employment Experience

Start with your present or last job including any military service assignments and complete the below information fully. If you need additional space, please continue on a separate sheet of paper.

Employer			ites loyed	Your Job Title and Major Duties
Address				
City	State			
City	State		ate/Salary	
		Starting	Final	
Telephone Number	Your Supervisor			
Reason for Leaving				
Employer			ites loyed	Your Job Title and Major Duties
Address				
City	State	Hourly Ra	ate/Salary	
		Starting	Final	
Telephone Number	Your Supervisor	Starting	Tillal	
Reason for Leaving				
Employer			ites loyed	Your Job Title and Major Duties
Address				
City	State	Hourly Ra	ate/Salary	
•			_	
Telephone Number	Your Supervisor	Starting	Final	
Reason for Leaving				
Employer			ites loyed	Your Job Title and Major Duties
Address				
City	State	Hourly Ra	ate/Salary	
-				
Telephone Number	Your Supervisor	Starting	Final	
Reason for Leaving		\dashv		
Special Skills and Qua Summarize special job-	alifications: related skills and qualifications	acquired from em	nployment, mili	tary, or other experience.

Education

	High School or GED			Undergraduate College/University				Graduate/ Professional				
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
List any professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or political affiliation, or other protected status.												
References												
List three references who are neither related to you nor a former employer. Name Address (City, State, Zip) Telephone No. Years Known												
Applicant's Statement												
I certify that answers given in this application are true and complete to the best of my knowledge. I authorize a complete background investigation including, but not limited to, all statements contained in this application for employment as may be necessary in arriving at an employment decision. If I am employed by the City based on this application, I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.												
	S	ignatur	e of Ap	oplican	t				Date			

Equal Employment Opportunity Form

The City of Kearney has an equal opportunity/affirmative action policy. Knowledge of your race, gender, and age is necessary for monitoring the effectiveness of the program. Although you are not required to provide the information requested on this form, your cooperation is appreciated. This form is confidential and will be separated from your application immediately upon receipt.

Name: _				Social Sec	urity #:		Date:
Position	Арр	lied	For:				
Date of I	Birth	:					
INSTRU	CTI	SNC	3: Please place your numl	bered answer to ea	ch question in t	he sp	ace provided.
	A.	Wł	nat gender are you?	1. Male	2. Female		
	В.	Wł	nich Racial/Ethnic Group d	o you consider you	rself a member	?	
		1.		North and South A			ino) – A person having origins in any o ntral America), and who maintain triba
		2.		Indian Subcontine	nt, including, fo	r exa	of the original peoples of the Far East mple, Cambodia, China, India, Japan Vietnam.
		3.	BLACK OR AFRICAN A black racial groups of Afr		lispanic or Lati	no) –	A person having origins in any of the
		4.	WHITE (Non Hispanic o North Africa or the Middle		ons having orig	gins in	any of the original peoples of Europe
		5.	HISPANIC or LATINO – Spanish culture or origin			to Ric	an, South or Central American, or othe
		6.	NATIVE HAWAIIAN OR origins in any of the peop				lispanic or Latino) – A person havinç acific Islands.
	C.		O OR MORE RACES (No amed above.	on Hispanic or Latir	no) – Persons w	/ho ide	entify with two or more racial categories
	D.	Но	w did you learn about this	job?			
		2. 3. 4. 5.	Job Notice (Posted on Do From a present City emp As a Current City employ Kearney Hub Other Newspaper Workforce Development	loyee	ard)	7. 8. 9. 10. 11.	School/University Professional Publication Facebook