

# City of Lincoln – Job Application

<b>POSITION APPLIED FOR</b>	
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Thank you for your interest in the City of Lincoln as an employer. Only final candidates for posted openings will be contacted personally by the City. Lincoln is a Work Ready Community Partner.

GENERAL INFORMATION		
Name (last, first, middle initial) (Optional)		Social Security No.
Street Address		City, State, Zip
Home Phone No. Phone No.	Work Phone No.	Message
Are you authorized to work in the United States? Proof of Authorization will be required post hire. Yes No		
TRAINING AND EDUCATION		
CIRCLE HIGHEST GRADE COMPLETED:      8                      9                      10 11                      12                      GED		
Colleges/other training	Major/subject	Degree/certificates
ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying		
SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Office equipment, computers, software (typing speed, programs, etc.)		
Technical skills, professional licenses		
Heavy equipment, machinery		
Other		
Can you perform the essential functions of the job with or without reasonable accommodation? Yes                      No		

**BACKGROUND INFORMATION**

EACH CASE IS CONSIDERED SEPARATELY BASED ON JOB DUTIES AND PERFORMANCE AREAS

Do you have a valid Missouri State Driver's License? Yes No Other State \_\_\_\_\_  
 (If position applied for involves driving), have you been convicted, pleaded to no contention or paid a fine for any traffic violations in the past three (3) years? Yes No If yes please explain:

**EMPLOYMENT HISTORY**

Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections MUST be completed even if a resume is submitted.

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			

PROFESSIONAL REFERENCES		Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance.	
Name	Place of employment/title	Phone	

How/where did you hear about the position for which you are applying? (Check one)		
<input type="checkbox"/> Friend or relative	<input type="checkbox"/> City employee	<input type="checkbox"/> Employment Security
<input type="checkbox"/> Newspaper ad	<input type="checkbox"/> City job bulletin	
<input type="checkbox"/> Other please specify _____		

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by the City of Lincoln, for dismissal. I authorize the City of Lincoln to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release the City of Lincoln from any liability for future references it may provide regarding my work history at the firm.

I understand that employment With the Employer is “at-will”, which means that either the City or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_