

# City of Laurel, Nebraska

## APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, military status, age, marital status, or the presence of a non-job-related medical condition or handicap. So that we can comply with Federal/State Equal Opportunity Employment recordkeeping requirements and other legal requirements, please complete this form.

<u>Position(s) Applied For</u>					<u>Date of Application</u>	
Last Name		First Name			Middle Initial	
Address	Number	Street	City	State	Zip Code	
Cell. Phone #:	Home #:	Email Address:			Social Security Number	
<b><u>PERSONAL DATA</u></b>						
Best time to contact you at home is: _____						
Have you ever filed an application with us before?    ___ YES    ___ NO    If yes, give date _____						
Have you ever been employed with us before?    ___ YES    ___ NO    If yes, give date _____						
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ___ YES    ___ NO <i>(Form I-9 Employment Eligibility Verification must be filled out upon employment.)</i>						
Date available for work _____				What is your desired salary range? _____		
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary						
Are you currently on "lay-off" status and subject to recall?   ___ YES    ___ NO						
<b><u>EDUCATION/TRAINING</u></b>						
<b>Circle highest</b> Grade completed:    Jr. High 7 8 9    High School 10 11 12    College 1 2 3 4    Voc. Training 1 2 Other (include licenses, certificates, etc.) _____ _____ _____						
Specialized Skills:    ___ PC       ___ Spreadsheet   ___ Excel   ___ Word Processing   ___ Vista Other: State any additional information you feel may be helpful to us in considering your application. _____ _____ _____						
Over →						

**EMPLOYMENT HISTORY**

Present or last employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Employment dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary/Wages: Start \_\_\_\_\_ Final \_\_\_\_\_  
Position Title \_\_\_\_\_ Type of Work \_\_\_\_\_  
Immediate Supervisor (Name, Title) \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Previous Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Employment dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary/Wages: Start \_\_\_\_\_ Final \_\_\_\_\_  
Position Title \_\_\_\_\_ Type of Work \_\_\_\_\_  
Immediate Supervisor (Name, Title) \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Previous Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Employment dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary/Wages: Start \_\_\_\_\_ Final \_\_\_\_\_  
Position Title \_\_\_\_\_ Type of Work \_\_\_\_\_  
Immediate Supervisor (Name, Title) \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

Are you currently employed?  YES  NO.  
If currently employed, may we contact your present employer concerning your work habits, qualifications, etc.?  YES  NO. If no, why? \_\_\_\_\_  
If yes, employers address: \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_  
Zip Code \_\_\_\_\_, Telephone(s) \_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES** (Do not include family members or past supervisors.)

Name: \_\_\_\_\_, Phone #: \_\_\_\_\_, Best time to call: \_\_\_\_\_ Occupation \_\_\_\_\_

Name: \_\_\_\_\_, Phone #: \_\_\_\_\_, Best time to call: \_\_\_\_\_ Occupation \_\_\_\_\_

Name: \_\_\_\_\_, Phone #: \_\_\_\_\_, Best time to call: \_\_\_\_\_ Occupation \_\_\_\_\_

**APPLICANT'S STATEMENT**

*I certify that answers given herein are true and complete.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date