

# City of Laurel, Nebraska

## EMPLOYMENT / JOB APPLICATION

### 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.

### PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite  
City State Zip Code

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

BEST TIME TO CONTACT YOU: \_\_\_\_\_

SOCIAL SECURITY NUMBER (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ DESIRED PAY: \$ \_\_\_\_\_  HOUR  SALARY

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  SEASONAL

### EMPLOYMENT ELIGIBILITY

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?  YES\*  NO

\*IF YES, WRITE THE DATES: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?  YES\*  NO

\*IF YES, WRITE THE START AND END DATES: \_\_\_\_\_

ARE YOU PREVENTED FROM BECOMING LAWFULLY EMPLOYED IN THIS COUNTRY  
BECAUSE OF VISA OR IMMIGRATION STATUS?  YES\*  NO

(Form I-9 Employment Eligibility Verification must be filled out upon employment.)

\*IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU CURRENTLY ON LAY-OFF STATUS AND SUBJECT TO RECALL?  YES\*  NO

## EDUCATION

**HIGH SCHOOL:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DIPLOMA: \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GRADUATE?  YES  NO DEGREE: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

**EMPLOYER 1:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_ City State Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_ City State Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ RESPONSIBILITIES: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**ARE YOU CURRENTLY EMPLOYED?**  YES\*  NO

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER  
CONCERNING YOUR WORK HABITS, QUALIFICATION, ETC.?  YES  NO

IF NO, WHY? \_\_\_\_\_

IF YES, EMPLOYERS ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP CODE \_\_\_\_\_,

TELEPHONE(S) \_\_\_\_\_

**REFERENCES**  
(PROFESSIONAL ONLY)

**FULL NAME:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**SPECIALIZED SKILLS**

**STATE ANY INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.**

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**BACKGROUND CHECK CONSENT**

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?**  YES  NO

**DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

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 or 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** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_