

Application for Employment

CITY OF AURORA
905 13th Street
Aurora, NE 68818-2409
402-694-6992
Fax 402-694-4043

PLEASE PRINT

"The position being applied for must be specified. This application is current for only 60 days. At the conclusion of this time, if you have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application. If any requested information does not fit your experience write none in that space. Do not leave any blank spaces. This application is intended to gather information necessary to evaluate qualifications for employment only and supplemental application forms may be required to comply with state law(s)."

Position(s) Applied For _____ Date of Application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ - _____ Social Security Number _____ - _____
Area Code

If necessary, best time to call you at home is _____

Are you 18 years of age or older? YES NO

Have you ever been employed here before? YES NO

If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in the United States? YES NO
(Proof of U.S. Citizenship or immigration status will be required before employment)

Date available for work ____/____/____

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall? YES NO

Will you relocate if job requires it? YES NO Will you travel if job requires it? YES NO

Are you able to meet the attendance requirements of the position? YES NO

Will you work overtime if required? YES NO

Have you been convicted of a felony including theft or assault in the last seven (7) years? YES NO
(Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain: _____

Driver's license number (if required by job) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address (Include County)				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address (Include County)				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
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Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Applicants are considered for all positions applied for, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Federal law obligates us to provide reasonable accommodation to certain known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered. I agree to immediately notify the Company if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my application is pending, or during my period of employment, if hired. If my job duties include driving on Company business I agree to notify the company if I am convicted of reckless driving or driving under the influence of drugs or alcohol.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the company is terminable-at-will so that both the company and I remain free to choose to end our work relationship at any time for any or no reason.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant _____ Date ____/____/____

(DO NOT WRITE BELOW THIS LINE)

Interviewed By _____ Date _____

Comments _____

Interviewed By _____ Date _____

Comments _____

Starting Date _____ Starting Salary _____

Department _____ Position _____

Supervisor's Signature