

City of Falls City Employment Application

City of Falls City • 2307 Barada Street • Falls City, Nebraska 68355

Phone (402) 245-2851 / Fax (402) 245-2741

- ✓ Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

Position Applying for _____ Today's Date _____

Referred by _____ Salary Desired _____ Date you can Start _____

Have you ever applied to this company before? Yes No If so, when? _____ For which position? _____

PERSONAL DATA

Name _____ Social Security # _____

Present Address _____ City _____ State _____ Zip _____

Home Phone () - _____ Cell Phone () - _____ Email Address _____

Driver's License Operator CDL CDL Type _____ Endorsements _____

Driver's License # _____ State _____

Are you 18 Years of age or older? Yes No If not, employment is subject to verification of minimum legal age.

In case of emergency, notify: Name _____ Phone () - _____

Address _____ City _____ State _____ Zip _____

EDUCATION

High School Diploma or GED? Yes No If no, highest grade completed _____

Name of College _____ Location of School _____

#Years Attended _____ Major / Specialty _____ Degree _____

Name of Trade or Business School _____ Location of School _____

#Years Attended _____ Major / Specialty _____ Degree _____

Other _____ Location of School _____

#Years Attended _____ Major / Specialty _____ Degree _____

GENERAL

Additional Information that could help you qualify for this position. Examples include; Classes (include dates), certificates, current licenses, specific equipment and other special skills. _____

List any subjects of special study or research work _____

List any activities (Civic, Athletic, Etc.) _____

(CONTINUED ON OTHER SIDE)

WORK EXPERIENCE (List most recent work experience first)

1. Employer Name _____ Job Title _____
Employer Address _____ City _____ State _____ Zip _____
Phone () - _____ Salary _____ Supervisor / Manager _____
Dates: From (mm/yyyy) _____ To (mm/yyyy) _____ Reason for leaving _____
Job Description (duties, skills, equipment used) _____

2. Employer Name _____ Job Title _____
Employer Address _____ City _____ State _____ Zip _____
Phone () - _____ Salary _____ Supervisor / Manager _____
Dates: From (mm/yyyy) _____ To (mm/yyyy) _____ Reason for leaving _____
Job Description (duties, skills, equipment used) _____

3. Employer Name _____ Job Title _____
Employer Address _____ City _____ State _____ Zip _____
Phone () - _____ Salary _____ Supervisor / Manager _____
Dates: From (mm/yyyy) _____ To (mm/yyyy) _____ Reason for leaving _____
Job Description (duties, skills, equipment used) _____

Which of these jobs did you like best? _____
What did you like about this job? _____

Military / Veteran's Preference

US Military or Naval Service? Yes No If yes, Branch _____ Rank _____ Date of Discharge _____

VETERAN'S PREFERENCE INFORMATION: Check the appropriate veterans status:

1 - Disabled Veteran 2 - Veteran 3 - Disabled Vietnam Era Veteran 4 - Vietnam Era Veteran 5 - Widow-Widower

Nebraska Law requires that a preference shall be given to eligible veterans seeking employment with the State of Nebraska or any state or local government subdivisions. Veterans with passing scores on all parts of an examination or numerical scoring shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five percent shall be added to the passing score or numerical scoring of any disabled veteran. Such preference must also be given the spouse of a veteran who has a one hundred percent permanent disability as determined by the U. S. Department of Veterans Affairs. All notices of positions of employment available for Veteran's Preference and all applications for such positions shall state that the position is subject to a Veteran's Preference. Veterans that applied and are not hired shall be notified by phone, mail or e-mail that they have not been hired and shall be advised of any administrative appeal available.

2015 Legislation (LB 272) provides for Nebraska employers to implement voluntary Veterans Preference policies. Voluntary preference policies under the Act will not be considered a violation of any state or local equal opportunity law, including the Fair Employment Practices Act. Any private employer wishing to implement such a policy, shall register with the Nebraska Department of Labor and provide a copy of their written policy for review. A registry of the employers and policy statements is available for review online.

References (List three (3) persons not related to you, whom you have known for at least one year)

1. Name _____ Business _____ Years Acquainted _____
Address _____ City _____ State _____ Zip _____ Phone () - _____
2. Name _____ Business _____ Years Acquainted _____
Address _____ City _____ State _____ Zip _____ Phone () - _____
3. Name _____ Business _____ Years Acquainted _____
Address _____ City _____ State _____ Zip _____ Phone () - _____

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND CONTAINS NO WILLFUL FALSIFICATIONS OR MISREPRESENTATIONS. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY."

Signature _____ Date _____

Please submit this application to : City of Falls City • 2307 Barada Street • Falls City, Nebraska 68355
Phone (402) 245-2851 / Fax (402) 245-2741



AUTHORIZATION TO RELEASE INFORMATION

**CITY OF FALLS CITY
2307 BARADA STREET
FALLS CITY, NE 68355**

In connection with my application for employment , I understand that investigative inquires are to be made on my behalf including consumer credit, criminal convictions work history, motor vehicle and other reports. These reports will include information as to my character, work history, performance and experience along with reasons for termination from previous employers. Further, I understand that you will be requesting information from various agencies including Federal and State that maintain records concerning my past activities related to driving, credit, criminal, civil, education and other experiences.

I authorize without reservation any party or agency contacted by the City of Falls City to furnish the above mentioned information.

I hereby consent to your obtaining the above information.

Date: _____

Print Name: _____

Social Security Number: _____

Date of Birth: _____

Current Address: _____

Application Signature
(Only sign in the presence of a Notary)

State of _____)
County _____) §

The foregoing instrument was acknowledged before me on the _____ day of _____

Notary Public Signature