

537 MAIN - P.O. BOX 38
SEWARD NE 68434
PHONE: 402-643-2928; FAX: 402-643-6491
WEBSITE: www.cityofsewardne.com

APPLICATION FOR
EMPLOYMENT

Please type or print in ink only

We consider applicants for all jobs without regard to race, color, religion, gender, national origin, age, the presence of non-job-related medical condition or disability, or any other legally protected status. We will not refuse to hire a disabled applicant who is qualified to perform the essential functions of the job with reasonable accommodation. The City of Seward conducts pre-employment drug tests.

Job Applied For _____ Date of Application _____
How Did You Learn About Us?
 Advertisement Relative
 Employment Agency Friend
Other _____

Last Name		First Name		Middle Initial	
(Permanent) Mailing Address (Number & Street)		City	State	Zip	
Telephone Number(s)		Home ()	Cell ()		
Email address (if available):					

***** You must complete this application in full in order to be considered for employment. *****

You may also attach a resume or other related personal qualification information relevant to the job.

If you are hired by the City of Seward Nebraska, and we learn later that any statements on this application, or during the hiring process are false or misleading, you may be terminated at any time.

Have you ever been employed with us before? _____ Yes _____ No
If yes, provide date(s) _____ to _____ and Department _____
If you are under 18 years of age, can you provide proof of your eligibility to work? _____ Yes _____ No
May we contact your current employer? _____ Yes _____ No
Are you eligible to work in the United States? _____ Yes _____ No
(Proof of citizenship or immigration status will be required upon hire)
On what date would you be available for work? _____
If the job you are applying for requires a valid driver's license, please complete the information below:
Number _____ State _____ Regular _____ CDL _____
List any friends or relatives presently employed by the City of Seward and state how you are related: _____
Are you willing to work overtime if required? _____ Yes _____ No
Are you willing to work different shifts, if required? _____ Yes _____ No
Have you been convicted of a felony or misdemeanor in the last seven years? _____ Yes _____ No
(Such conviction may be relevant if job-related, but does not necessarily bar you from employment)
If yes, please explain: _____

EMPLOYMENT EXPERIENCE

Start with your current or last job including any military service assignments and complete the information below.
(Attach additional sheets if necessary)

Employer Name	Address (Street, City, Zip)	Employed	From	To
Job Title	Supervisor	Supervisor Phone No.		
Starting Wage	Ending Wage	Reason for Leaving		
Summarize nature of work performed				

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Job Title	Supervisor	Supervisor Phone No.		
Starting Wage	Ending Wage	Reason for Leaving		
Summarize nature of work performed				

EDUCATION BACKGROUND
(Attach additional sheets if necessary)

High School Name & Location _____	9 ____ 10 ____ 11 ____ 12 ____ (Mark highest Grade Completed)		
Community College	School/Location	Course Study	Dates Attended/Diploma/Degree
Trade School	School/Location	Course Study	Dates Attended/Diploma/Degree
College/University	School/Location	Course Study	Dates Attended/Diploma/Degree
Seminars/Other	Please describe		
Seminars/Other	Please describe		
Seminars/Other	Please describe		

SPECIAL SKILLS

Computer Skills - please explain your level of proficiency below:

Use the space below to summarize other relevant experience, skills, background, training and qualifications that you feel make you especially suited for work with the City of Seward.

REFERENCES

(List three individuals familiar with your work ability. Do not include relatives)

Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person

AUTHORIZATION FOR RELEASE OF INFORMATION

Print or Type Full Name	Date of Birth	Social Security No.
Drivers License No. & State		Telephone No.

This release is being made voluntarily of my own free will including my Social Security Number, in conjunction with my application for employment with the City of Seward, Nebraska.

Upon signing this release, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand that in the event of my employment with the City, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I hereby authorize a review and full disclosure of any and all records or files (or any part thereof) pertaining to me, including, but not limited to the files and records of any school or other educational institution, financial or credit agency, public utility companies, any hospital, clinic, doctor or other medical practitioner, the military or armed forces of the United States, any agency or business pre-employment or employment records and/or personnel files including background investigation reports, results of any polygraph or psychological examinations, attorney's files, court records or documents in civil or criminal cases in which I am involved, and any records, files or documents regarding any arrests, convictions or other criminal investigations or charges involving me.

I further authorize the release of information to the City of Seward personnel all the above mentioned area or other information which has a bearing on my fitness or ability to be employed by the City of Seward, even if the information is not contained in written records and regardless of whether the information is considered privileged or confidential in nature.

I release and hold harmless all those that provide or disseminate information as the result of this release form. This release information form, photo copy or fax is valid for one year from the date signed.

If hired, I agree that I will serve at the will of the City, and I agree that I shall be bound by the rules, policies, regulations and terms and condition of employment of the City as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I hereby authorize the City to deduct from each and every pay period any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me, or owed by me during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the Governing Body. I further agree that if I should bring any action or claim arising out of my employment against the City in which the City prevails, I will pay to the City any and all costs incurred by the City in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer drug test and physical (if such physical is required) are known.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

By my signature below, I hereby acknowledge that I have read and agree to the above statements.

Signature	Date
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PRE-EMPLOYMENT INFORMATION

THE CITY OF SEWARD IS 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, disability, marital status, creed, pregnancy, age, political affiliation or national origin.

In order that we may comply with Federal/State Equal Opportunity Employment recordkeeping and other legal requirements, please complete this form.

This Pre-Employment Information will be detached and kept in a confidential file separate from the Employment Application, and shall not be used in making any hiring decision or any selection process.

Date: _____ Position Applied For: _____

Name: _____
Last First Middle Initial Maiden Name

Address: _____
Street City State Zip

Telephone: _____ Date of Birth: _____ Nearest Age: _____

Race/Ethnic Group: _____ Caucasian _____ Black _____ Hispanic
_____ Native American _____ Asian/Pacific Islander

Sex: _____ Male _____ Female

Marital Status: _____ Single _____ Married

Are you a Veteran? _____ Yes _____ No

If yes, service from _____ to _____

Are you a Disabled Veteran? _____ Yes _____ No V.A. Disability _____%

Signature

Date