

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

*****WE ARE AN EQUAL OPPORTUNITY EMPLOYER*****

Position(s) Applied For			Date of Application		
How Did You Learn About Us?					
Advertisement		Friend		Walk-in	
Employment Agency		Relative		Other	
Last Name		First Name		Middle Name	
Address: Apartment, Street, City, State, Zip Code					
Telephone Number(s)			Email Address		Social Security Number Last 4 Digits

Are you at least 18 years of age and legally eligible to work in the United States? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work? (leave blank if not applicable) Yes No

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:

To the best of your knowledge, are any of your relatives (by blood or marriage) presently employed by the City of Alliance? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No
Contact me first

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Seasonal

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

What about this position interests you?

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Education

	High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

All positions advertised by the City of Alliance are eligible for Nebraska's Veteran's Preference Law.

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe:

Are you physically or otherwise able to perform the essential functions of this position, with or without reasonable accommodation, for the duties of the job for which you are applying? Yes No

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1.
- 2.
- 3.

Special Skills and Qualifications

Please provide any additional information such as special skills, training, management experience, equipment operation, or and qualifications acquired from employment or other experiences you feel will be helpful to the City of Alliance in considering your application.

Employment Experience

Start with your present or last job, Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer:		Dates Employed		Work Performed
			From	To	
	Address:				
	Telephone Number(s):		Hourly Rate/Salary		
	Job Title:	Supervisor:	Starting	Final	
Reason for Leaving:					
2.	Employer:		Dates Employed		Work Performed
			From	To	
	Address:				
	Telephone Number(s):		Hourly Rate/Salary		
	Job Title:	Supervisor:	Starting	Final	
Reason for Leaving:					
3.	Employer:		Dates Employed		Work Performed
			From	To	
	Address:				
	Telephone Number(s):		Hourly Rate/Salary		
	Job Title:	Supervisor:	Starting	Final	
Reason for Leaving:					
4.	Employer:		Date Employed		Work Performed
			From	To	
	Address:				
	Telephone Number(s):		Hourly Rate/Salary		
	Job Title:	Supervisor:	Starting	Final	
Reason for Leaving:					

If you need additional space, please continue on a separate sheet of paper.

Have you ever been discharged or forced to resign from any position on the basis of unsatisfactory performance?

Yes No

If Yes, give details in space provided or on a separate sheet, including name and address of employer, approximate date, and reasons in each case.

If presently employed, why do you desire to change your position?

Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge. 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 if hired, any employment relationship with the City of Alliance 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 for any or no reason. It is further understood 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 the City.

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.

I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers identified in this application.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/ _____ Department

By _____
Name and Title Date

Notes