



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

(Please Print)

Date of Application:	Position Applied For:
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Referral Source:

- Newspaper
 Walk-In
 Friend/Relative
 City Employee
 Website
 Employment Agency
 Other _____

Last Name	First Name	Middle Name
Present Address		

(Number	Street	City
		State
		Zip)
Home Phone	Mobile Phone	
E-mail	Social Security Number	

Are you 18 years of age or older? Yes No

The City of Springfield's commercial insurance company requires an employee to be 18 years of age or older in the event driving is required and for operation of machinery (i.e. lawn mowing, etc.).

Have you ever filed an application with us before? If yes, give date _____ Yes No

Have you ever been employed with us before? If yes, give dates _____ Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

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

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

What date are you available to start work? _____

Are you available to work: Full Time Part Time Temporary Weekends

Can you travel if a job requires it? Yes No

Are you capable of performing, in a reasonable manner, the activities involved in the job for which you have applied? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If Yes, Please explain (Convictions will not necessarily disqualify an applicant from employment.)

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
College				
Other				

SPECIALIZED SKILLS

Check all skills & equipment that apply.

- Computer Calculator Fax Copy Machine E-mail Word Excel
- PowerPoint One Note Peachtree Summit Equinox
- NE Water License (specify grade _____) NE Sewer License (specify grade _____)
- CDL (specify class _____)

OTHER TRAINING AND QUALIFICATIONS Describe any specialized training, apprenticeship, skills and extra-curricular activities.

MILITARY EXPERIENCE Describe any job-related training received in the United States Military.

PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military assignments.

Employer	Job Title
Address	Employment Dates FROM: TO:
Telephone () Supervisor:	Wages/Salary START: FINAL:
Reason for Leaving	Duties/Responsibilities

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

APPLICANT’S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigations 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 the City of Springfield 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 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 the City of Springfield.

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 that I must complete the Employment Eligibility Verification Form I-9 by the end of the first day of employment and present required documentation establishing identity and employment eligibility by the end of the third day of employment. I understand, also, that I am required to abide by all laws, rules, and regulations of the City of Springfield and the State of Nebraska.

Applicant’s Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY



Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment offered <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire Date
Interviewer(s)	Job Title	Wage/Salary

Remarks / Notes

By: _____ Date _____