

# CITY OF ALBION, NEBRASKA

## Employment Application

| APPLICANT INFORMATION                     |                              |                             |                                                                                                            |
|-------------------------------------------|------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------|
| Last Name                                 |                              | First                       | M.I.      Date                                                                                             |
| Street Address                            |                              |                             | Apartment/Unit #                                                                                           |
| City                                      |                              | State                       | ZIP                                                                                                        |
| Phone                                     |                              | E-mail Address              |                                                                                                            |
| Date Available                            |                              | Social Security No.         | Desired Salary                                                                                             |
| Position Applied for                      |                              |                             |                                                                                                            |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                                                                               |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                                                                            |

| EDUCATION   |    |                                                                               |        |
|-------------|----|-------------------------------------------------------------------------------|--------|
| High School |    | Address                                                                       |        |
| From        | To | Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address                                                                       |        |
| From        | To | Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other       |    | Address                                                                       |        |
| From        | To | Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

| REFERENCES                                        |                |
|---------------------------------------------------|----------------|
| <i>Please list three professional references.</i> |                |
| Full Name                                         | Relationship   |
| Company                                           | Phone (      ) |
| Address                                           |                |
| Full Name                                         | Relationship   |
| Company                                           | Phone (      ) |
| Address                                           |                |
| Full Name                                         | Relationship   |
| Company                                           | Phone (      ) |
| Address                                           |                |

**PREVIOUS EMPLOYMENT**

|                                                                                                                      |                    |                    |  |
|----------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--|
| Company                                                                                                              |                    | Phone (    )       |  |
| Address                                                                                                              |                    | Supervisor         |  |
| Job Title                                                                                                            | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                     |                    |                    |  |
| From                                                                                                                 | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company                                                                                                              |                    | Phone (    )       |  |
| Address                                                                                                              |                    | Supervisor         |  |
| Job Title                                                                                                            | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                     |                    |                    |  |
| From                                                                                                                 | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company                                                                                                              |                    | Phone (    )       |  |
| Address                                                                                                              |                    | Supervisor         |  |
| Job Title                                                                                                            | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                     |                    |                    |  |
| From                                                                                                                 | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|