Application For Employment

City of Wakefield PO Box 178 Wakefield, NE 68784

We consider applicants for all position without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

		(PLEASE PI	RINT)						
Position(s) Applied For					1	Date o	f Applicat	ion	
How Did You Learn About Us?)								
☐ Advertisement	⊐ F	Friend		⊐ Walk	k-In				
☐ Employment Agency	⊐ R	Relative		□ Othe	r				
Last Name		First Name				M	iddle Nam	ie	
Address: Number	Street	(City		State			Zip Co	de
Telephone Number		Social Security Nu	umber		Date of E	Birth			
f you are under 18 years proof of your eligibility t	_	an you provi	de requii	red			Yes	_ N	Vo
Have you ever filed an ap	pplication	with us befo	ore?				Yes	□ N	No
				If	Yes, g	ive (date		
Have you ever been emp	loyed wit	th us before?					Yes	□ 1	No
				If	Yes, g	ive (date		
Are you currently employ	yed?						Yes	_ N	Vo
May we contact your pre	sent emp	loyer?					Yes		No
Are you prevented from country because of Visa Proof of citizenship or	or Immig	ration States	?		ment.		Yes		No
On what date would you	be availa	ble for work	?				3		_
Are you available to wor	k: □ Ful	ll Time □	Part Tin	ne 🗆	Shift V	Wor!	k □ T€	empora	ry
Are you currently on "la	y-off" sta	tus and subje	ect to rec	all?			Yes	<u> </u>	No
Can you travel if a job re	equires it?	>					Yes	_ l	No
Have you been convicted Conviction will not need					t.		Yes	_ l	No
If Yes, please explain:									

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School		***************************************		
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any spactivities.	pecialized training, apprentice ship, skills and extra-curricular

References (Please do not list relatives)

	Name	Phone #	
	Address		
			Years Known
	Name	Phone #	
	Address		Years Known
,			
	Name	Phone #	
	Address		Years Known
	Name	Phone #	
	Address		Years Known

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 Em	iployed	
		From	То	Work Performed
Address				
			-	
Telephone Number(s)		Hourly Ra	te/Salary _ Final	
		Starting		
Job Title	Supervisor			
Reason for Leaving				
Reason for Leaving			_	
2. Employer		Dates Em	nloved	
2. Employer		From	To	Work Performed
Address				WOLK I CHOILICG
			-	
Telephone Number(s)		Hourly Ra	te/Salary _	
		Starting	Final	
Job Title	Supervisor			
			-	
Reason for Leaving			-	
3. Employer		Dates Em		
		From	То	Work Performed
Address				
Telephone Number(s)		Hourly Ra	te/Salary	
relephone (validoci(s)		Starting	Final	
Job Title	Supervisor		-	
	o apartisor			
Reason for Leaving				
4. Employer		Dates Em	1	
		From	То	Work Performed
Address				
			-	
Telephone Number(s)		Hourly Ra Starting	te/Salary _ Final	
C.I. Trial		Starting	1 mai	
Job Title	Supervisor			
Reason for Leaving				
Reason for Deaving				
MINERAL S	* 6			
Additional	Informati	ion		
Other Qualifica	tions			

experience.

Applicant's 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, unless otherwise defined by applicable law, any employment relationship with this organization 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 is "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 this organization.
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.
Signature of Applicant Date
FOR PERSONNEL DEPARTMENT USE ONLY
Arrange Interview Yes No Remarks
Employed
NOTES: