

CITY OF GERING APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on creed, color, sex, age, national origin, handicap, veteran status, sexual orientation, or any condition prescribed by state or local law.

Last Name		First Name	Middle	Date		
Street Address (physica	al & mailing addres	s)		Contact Number		
City		State	Zip Code	Email Address		
Have you ever applied	for employment w	rith us?				
Yes No If yes, dates:			Date available to begin work:			
Position desired:			Pay expected:			
What hours are you a	vailable?					
Full Time	Part-Time	Seasonal	Overtime (if requested)			
Are you legally eligible	for employment in	the United States?	YesNo			
			te that may disclose your race, tc.), special accomplishment or	color, religion, age or National origin.) awards.		

Business/Trade/ Technical School							
College/University							
Graduate School							
Military Service: [Did you serve in t	he U.S. Armed Fo	rces?Yes _	No			
Describe any trair	ning received rele	vant to the positic	on for which you a	re applying:			
DEFEDENCES WE	MAY CONTACT:						
REI EREINGES WI	. MAI CONTACT						
Name a			ars Known	 Telephone	Pusino	. Ducinos	
Name		rea Tea	ars known	reiepnone	Busine	Business	
Name			ars Known	 Telephone	Busine	Business	
				•			
Name		Yea	ars Known	Telephone	Busine	Business	
EMPLOYMENT H	ISTORY:						
		-time and part-tim	ne employment red	cords. Start with y	our present or mo	ost recent.	
		-time and part-tim	ne employment red	cords. Start with y	our present or mo	ost recent.	
Please give accur	ate, complete, full	l-time and part-tim		cords. Start with y Telephone	our present or mo	ost recent.	
Please give accur Company Name	ate, complete, full		·		our present or mo	ost recent.	
	ate, complete, full		·	Telephone	our present or mo	ost recent.	
Please give accur Company Name Address Supervisor's Nam Job Title	ate, complete, full		·	Telephone Starting Pay		ost recent.	
Please give accur Company Name Address Supervisor's Nam	ate, complete, full		·	Telephone Starting Pay Ending Pay		ost recent.	

School

High School

Name of School

Location of School

Course of Study

Did you Graduate

Years Completed

Degree or Diploma

Company Name	Telephone
Address	Starting Pay
Supervisor's Name	Ending Pay
Job Title	Employment Dates:
Describe your work	From:
	To:
Reason for leaving	
Company Name	Telephone
Address	Starting Pay
Supervisor's Name	Ending Pay
Job Title	Employment Dates:
 Describe your work	 From:
Reason for leaving	

Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

PLEASE READ AND UNDERSTAND THIS STATEMENT BEFORE SIGNING YOUR APPLICATION:

The information provided in this Application for Employment is true. False, incomplete, or misrepresented information will be sufficient cause for my application to be rejected, or, if discovered after employment, cause for immediate termination of my employment.

I authorize the employer to obtain information about me from previous employers, educational institutions, and other parties to verify the accuracy of information in this application, a related employment resume, or personal interview. I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons who provide information for this purpose.

This application will expire in 30 days. Unless otherwise otified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may

terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement wit terms contrary to the foregoing and then only in writing signed by such officer.							
I accept all terms and conditions in the above statement.							
Signature	Date						
PLEASE RETURN TO CITY OF GERING ADMINISTRATION OF 1025 P Street	OFFICES:						
Gering, NE 69341							
Phone: (308) 436-5600							
Fax: 308-436-6899							

NOTE:

or email to sgoss@gering.org

If submitted by email or fax, please understand that the original applications need to be mailed to the above address.