



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 (physical & mailing address)

Contact Number

City

State

Zip Code

Email Address

Have you ever applied for employment with us?

Yes No

If yes, dates: _____

Date available to begin work: _____

Position desired: _____

Pay expected: _____

What hours are you available?

Full Time

Part-Time

Seasonal

Overtime (if requested)

Are you legally eligible for employment in the United States? Yes No

Membership in professional and civic organization (Exclude those that may disclose your race, color, religion, age or National origin.)

Other special training or skills (languages, machine operation, etc.), special accomplishment or awards.

School	Name of School	Location of School	Course of Study	Did you Graduate	Years Completed	Degree or Diploma
High School						
Business/Trade/ Technical School						
College/University						
Graduate School						

Military Service: Did you serve in the U.S. Armed Forces? Yes No

Describe any training received relevant to the position for which you are applying:

REFERENCES WE MAY CONTACT:

_____ _____ _____ _____
Name Years Known Telephone Business

_____ _____ _____ _____
Name Years Known Telephone Business

_____ _____ _____ _____
Name Years Known Telephone Business

EMPLOYMENT HISTORY:

Please give accurate, complete, full-time and part-time employment records. Start with your present or most recent.

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: _____

To: _____

Reason for leaving _____

Company Name _____

Telephone _____

Address _____

Starting Pay _____

Supervisor's Name _____

Ending Pay _____

Job Title _____

Employment Dates:

Describe your work _____

From: _____

To: _____

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 notified, 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 with 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 OFFICES:

1025 P Street
Gering, NE 69341

Phone: (308) 436-5600
Fax: 308-436-6899
or email to sgoss@gering.org

NOTE:

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