

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: 308-436-5096
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.