

APPLICATION FOR EMPLOYMENT
CITY OF BAYARD, NEBRASKA

EQUAL OPPORTUNITY EMPLOYER

DATE

Personnel Information (please print)

Name _____ Social Security No. _____

Address _____ Telephone No. _____

City _____ State _____ Zip _____

Are you under age 19? Yes No If yes, age _____.

Date available for work _____ Explain _____

Position Information:

Position(s) applied for: _____

Have you previously worked for the City? _____ If so, please give dates/positions _____

Do you have any relatives working for the City of Bayard? Yes No

If yes, give names, divisions and relationships? _____

EDUCATION/TRAINING

Please list below education and/or experience relating to position(s) applied for:

	Name & Location	Did you graduate?	Degree/Diploma?	Courses of Study
High School				
College:				
Vocational Training:				

Other (include licenses, certificates, etc.): _____

EMPLOYMENT RECORD:

Company Name	Job Title
Address	Telephone Number
Immediate Supervisor	Reason for Leaving
Dates of Employment From: _____ To: _____	Salary Starting: _____ Ending: _____
Describe Your Work	

Company Name	Job Title
Address	Telephone Number:
Immediate Supervisor	Reason for Leaving
Dates of Employment From: _____ To: _____	Salary Starting: _____ Ending: _____
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Company Name	Job Title
Address	Telephone Number:
Immediate Supervisor	Reason for Leaving
Dates of Employment From: _____ To: _____	Salary Starting: _____ Ending: _____
Describe Your Work	

Have you ever been convicted of any violation other than a minor traffic violation? Yes No
If yes, give details, including dates, charges and disposition. Convictions are not an absolute bar to employment.
Consideration is given to the offense and its relationship to the position for which you are applying.

Are you a United States Citizen? Yes No
If No, do you have the legal right to work in the United States?
Explain:

References (Other than family or employers)

(1) Name _____ Address & Phone _____

How or what does this person know about you? _____

(2) Name _____ Address & Phone _____

How or what does this person know about you? _____

You May
You May Not

Contact my present employer:

Employer _____

Address _____

City _____ State _____ Zip _____

You May
You May Not

Check any and all references and I hold them and you harmless for providing information.

All the information listed by me on this application is true and correct to the best of my knowledge. I acknowledge the City of Bayard may acquire a criminal history check and a credit history check. I understand fully that any false and misleading statements may be cause for rejection of my application and/or if employed may be just cause for subsequent dismissal.

(Signature)

This application will be kept on file for six months.

THE CITY OF BAYARD DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.

PRE-EMPLOYMENT INFORMATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State Equal Opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, military status, age, marital status, or the presence of a non-job-related medical condition or handicap.

So that we can comply with Federal/State Equal Opportunity Employment recordkeeping requirements and other legal requirements, please complete this form.

This Pre-Employment Information will be detached and kept in a confidential file separate from the Employment Application, and shall not be used in making any hiring decision or any selection procedure.

Position Applied For: _____ Date: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

Birth Date: _____ Nearest Age: _____

Are you a U.S. Citizen? YES NO

If not, do you possess an Alien (Work) Registration Card? YES NO

Race/Ethnic Group: Caucasian Asian/Pacific Islander
 Black American Indian/Alaskan Native
 Hispanic

Sex: Male Female

Marital Status: Single Married Other: Explain _____

Are you a Vietnam Veteran? Yes No Service: From _____ to _____

Are you a Disabled Veteran? Yes No V.A. Disability Rate: _____%

How were you referred to us: Self Friends Employee School

Bayard Transcript Other (please explain) _____

(signature)