



115 Locust Street, P.O. Box 127
Hickman, NE 68372-0127
Phone 402.792.2212 - Fax 402.792.2210
www.hickman.ne.gov

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regarding race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

Name: _____

(As it appears on Social Security Card / Work Permit Card)

Address: _____

City, State, Zip Code: _____

Phone Number(s) Home: (____) _____ Mobile: (____) _____

Are you at least 18 years old? Yes No

Other names you have used: _____

Position applied for: _____ Salary Requirements: \$ _____

Referred for this position by: _____ Date Available: _____

Have you ever been employed by this organization? Yes No

When: _____ Department: _____

Supervisor: _____ Reason for leaving: _____

Have you ever been convicted of a felony? Yes No

(If, Yes, please give a location, date charge and disposition of case(s) on a separate page)

If applying for a position which requires driving a vehicle, please provide the following information:

I have a valid driver's license: Yes No Driver's License Number: _____

Can you, if hired, submit verification of your legal right to work in the United States? Yes No

Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Letter of Application | <input type="checkbox"/> City Application Fully Completed |
| <input type="checkbox"/> Resume with four (4) References | <input type="checkbox"/> Salary History Document |

U. S. Military Service:

If you have served in the U. S. Military, please provide the following information:

Branch of Service: _____

From: _____ To: _____ Type of Discharge: _____

Are you claiming Veteran's Preference? Yes No

If you are a veteran, a disabled veteran, or the spouse of a 100% disabled veteran (§48-225), you may be eligible for Veterans Preference in the employment process. To verify eligibility, all applicants claiming Veterans Preference must submit the Form DD214. Disabled veterans must also show proof of a service-connected disability. Spouses of a 100% disabled veteran must provide verification of the veteran's 100% disability rating, along with proof of marriage to the 100% disabled veteran. All documentation must be submitted at the time of application.

Education / Skills:

Education Level	Name, City, State	Years Completed (Circle One)	Units Completed	Degree	Major
High School		9 10 11 12			
Community or Junior College		1 2			
		1 2			
Business or Trade School		1 2			
College or University		1 2 3 4			
		1 2 3 4			
		1 2 3 4			
Graduate School					

Computer Software Skills:

Computer Software	Name of Software	Your Proficiency With The Software
Word Processing		
Spreadsheet		
Database		
Other		

Licenses / Certifications / Organizations:

Name	Description

Explanation of Interruptions in Employment History:

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity:

(Attach an additional page if necessary)

References: (No Relatives)

Name: _____
Address: _____
City, State, Zip: _____
Daytime Phone: _____
Relationship: _____

Name: _____
Address: _____
City, State, Zip: _____
Daytime Phone: _____
Relationship: _____

Name: _____
Address: _____
City, State, Zip: _____
Daytime Phone: _____
Relationship: _____

Name: _____
Address: _____
City, State, Zip: _____
Daytime Phone: _____
Relationship: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Phone Number(s) Home: (_____) _____ Mobile: (_____) _____

Authorization and Agreement:

I Hereby Authorize you to Contact: My Present Employer(s): Yes No

My Past Employers: Yes No

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make fair employment decisions. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

CA and MN only: check here if you wish to receive a copy of the consumer report directly from the consumer reporting Agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to contact all pre-employment inquires and tests as described. I further authorize the employer and it's agents to verify all statements contained in this application and any other materials I submit in concern with my employment applications. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disability and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement or jail position, I will be required to comply with all the requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly my employment may be terminated by the organization at any time for any reason. Any charges to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

Applicant Signature

Print Name

Date