



**NELIGH**

**NOT TOO SMALL TO HAVE IT ALL**

# City of Neligh

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## Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Please note that the City of Neligh will give preference to Veterans of the United States Armed Services if two or more applicants are equally qualified for the position to be filled.

*(Please Print)*

Positions(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you learn about us? Advertisement \_\_\_\_\_ Which one? \_\_\_\_\_

Friend \_\_\_\_\_ Walk-In \_\_\_\_\_ Employment Agency \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of Citizenship or immigration status will be required upon employment.) \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Shift Work \_\_\_\_\_ Temporary

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

A criminal background check will not be made in regard to your application until it is determined that you meet the minimum employee requirements for this position. Once it is determined that you meet the minimum employee requirements a criminal background records check will be performed.

**NOTE: You are not required to answer the following three questions unless you wish to do so**

Have you been convicted of a felony within the past 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(Conviction will not necessarily disqualify an applicant from employment.)*

If Yes, please explain \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than a non-alcoholic traffic offense? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, please explain on a separate piece of paper and include with your application.

Prior conviction does not disqualify you from consideration for employment. The nature of the crime, the time elapsed since the crime, and the nature of the employment sought will be considered in making the employment decision.

You are not obligated to disclose any records which have been sealed, and the City of Neligh is not asking you to disclose the contents or details of any sealed records.

## Education

Elementary School:

Name and Address of School \_\_\_\_\_

Course of Study \_\_\_\_\_

Years Completed \_\_\_\_\_

Diploma Degree \_\_\_\_\_

High School:

Name and Address of School \_\_\_\_\_

Course of Study \_\_\_\_\_

Years Completed \_\_\_\_\_

Diploma Degree \_\_\_\_\_

Undergraduate College:

Name and Address of School \_\_\_\_\_

Course of Study \_\_\_\_\_

Years Completed \_\_\_\_\_

Diploma Degree \_\_\_\_\_

Graduate Professional:

Name and Address of School \_\_\_\_\_

Course of Study \_\_\_\_\_

Years Completed \_\_\_\_\_

Diploma \_\_\_\_\_

Other Specify:

Name and Address of School \_\_\_\_\_

Course of Study \_\_\_\_\_

Years Completed \_\_\_\_\_

Diploma Degree \_\_\_\_\_

Indicate any foreign languages you can speak, read and/or write: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason of leaving \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work Performed:

\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason of leaving \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work Performed:

\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason of leaving \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work Performed:

\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Reason of leaving \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_  
Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work Performed:

\_\_\_\_\_  
\_\_\_\_\_

All future full- or part-time employees, except contract and professional employees, shall be required, as a condition of their employment, to consent to the City of Neligh inquiring of their prior employers the following items of information:

1. Dates and duration of employment.
2. Final pay rate and wage history.
3. Job description and duties
4. The most recent performance evaluation prepared prior to the date of the request and provided to the employee during the course of his or her employment.
5. Absences from work.
6. Drug and alcohol testing results within one year prior to the request.
7. Threats of violence, harassing acts or threatening behavior related to the workplace or directed at another employee.
8. Whether the employee was voluntarily or involuntarily separated from employment and reason for the separation.
9. Whether the employee is eligible for rehire.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview \_\_\_\_\_ Yes \_\_\_\_\_ No

Remarks \_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER