

DATE _____

APPLICANT INITIALS _____

**City of Plattsmouth
Application for Employment**

Instructions: It is the policy of the City of Plattsmouth to provide equal opportunity with regard to all terms and conditions of employment. The City of Plattsmouth complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

NAME _____
(First) (Middle Initial) (Last)

Has the applicant at any time used any other names? If so, please list name and approximate dates of use.

(First) (Middle Initial) (Last) (Dates of Use)

(First) (Middle Initial) (Last) (Dates of Use)

CURRENT ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE (Home) _____ (Cell) _____

EMAIL ADDRESS _____

For what position(s) are you applying? _____

EXPECTED PAY Non-exempt hourly _____ Exempt salary _____

Would you accept full-time work? Yes _____ No _____ **Part-time work?** Yes _____ No _____

On what date would you be available for work? _____

Have you ever been employed here before? Yes _____ What dates? _____ No _____

If you are under 18 years old, can you provide a work permit, if required? Yes _____ No _____

I have reviewed the job description which includes essential functions. Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law. Yes _____ No _____

I need more information about the job's "essential functions" to respond. Yes _____ No _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

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Have you ever been fired or asked to resign from a job? Yes _____ No _____

If yes, please explain _____

List any special training or skills, including languages, machine operation, etc., that would be of benefit in the job for which you are making application.

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

Note: The City of Plattsmouth uses the E-Verify system to validate employment eligibility. Proof of status will be required.

Employment Experience

Place an **X** by the employer(s) you *do not* want us to contact. List the most recent employer first.

1. Employer _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

2. Employer _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

3. Employer _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

DATE _____

APPLICANT INITIALS _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

4. Employer _____

Address _____ Telephone _____

Job Title _____ Supervisor _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

U.S. Armed Forces Service (if applicable)

Branch _____ Dates of Service from _____ to _____

Highest Rank Attained _____

Veterans Preference Claimed (including any veteran defined as the spouse of a veteran who has a one hundred percent permanent disability as determined by the United States Department of Veterans Affairs, as defined in §48-225, Neb. Rev. Stat.)

Yes _____ No _____ Applicant's initials and date initialed _____

If Veterans Preference is claimed, a copy of the Department of Defense Form 214 must be submitted with this application.

Educational Background

High School:

Name of School _____ Location _____

Did you graduate? Yes _____ No _____ Years completed _____

Degree or diploma _____ Course of Study _____

College:

Name of School _____ Location _____

Did you graduate? Yes _____ No _____ Years completed _____

Degree or diploma _____ Course of Study _____

Graduate School:

Name of School _____ Location _____

Did you graduate? Yes _____ No _____ Years completed _____

Degree or diploma _____ Course of Study _____

DATE _____

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Vocational Training – Other

Name of School _____ Location _____

Did you graduate? Yes _____ No _____ Years completed _____

Degree or diploma _____ Course of Study _____

Continuing Education _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the City’s rules and regulations, and I understand that these rules and/or the Employee Handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by the City of Plattsburgh.

I understand that no City of Plattsburgh representative, other than its City Council, and then only when specifically authorized by the City Council and signed by the Mayor, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

This application, with any required attachments, must be submitted to and received by the application deadline to:

City Clerk
136 North 5th Street
Plattsburgh, NE 68048

Applicant’s Signature _____

Date Signed _____

For internal use:

Application received: _____ Date of interview: _____

Date position offered: _____ Accepted? _____