

DATE _____ APPLICANT INITIALS _____

CITY OF SUTTON

APPLICATION FOR EMPLOYMENT

Phone #: _____

E-Mail: _____

Instructions: It is the policy of the City of Sutton to provide equal opportunity with regard to all terms and conditions of employment. The City of Sutton 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) (MI) (LAST)

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

(FIRST) (MI) (LAST) (DATES OF USE)

(FIRST) (MI) (LAST) (DATES OF USE)

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

EMAIL ADDRESS _____

For what position(s) are you applying? _____

EXPECTED PAY Hourly _____ 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 ___ Dates: _____ No ___

If you are under 18 years old, can you provide a work permit, if required? 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.

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 Sutton 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 _____ To _____
(mm/yy) (mm/yy)
Hourly rate/salary: Starting _____ Final _____
Work performed _____
Reason for leaving _____

2. Employer _____
Address _____ Telephone _____
Job Title _____ Supervisor _____
Dates Employed: From _____ To _____
(mm/yy) (mm/yy)
Hourly rate/salary: Starting _____ Final _____
Work performed _____
Reason for leaving _____

3. Employer _____
 Address _____ Telephone _____
 Job Title _____ Supervisor _____
 Dates Employed: From _____ To _____
 (mm/yy) (mm/yy)
 Hourly rate/salary: Starting _____ Final _____
 Work performed _____
 Reason for leaving _____

4. Employer _____
 Address _____ Telephone _____
 Job Title _____ Supervisor _____
 Dates Employed: From _____ To _____
 (mm/yy) (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 _____
(mm/yy) (mm/yy)

Highest Rank Attained: _____

Veterans Preference Claimed (including any veteran; or the defined 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 _____

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 Sutton.

I understand that no City of Sutton representative, other than the City Administrator, 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
107 W. Grove
PO Box 430
Sutton, NE 68979

Applicant's Signature _____

Date Signed _____

DATE _____ APPLICANT INITIALS _____

For internal use:

Application received _____ Date of interview _____

Date position offered _____ Accepted? _____

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