Print Form

CITY OF KEARNEY
Human Resources Division
18 East 22nd Street
P.O. Box 1180
Kearney, NE 68847
FAX 308.234.6399

Application For Employment

We consider applicants for all jobs without regard to race, color, religion, gender, national origin, age, the presence of a non-job-related medical condition or disability or any other legally protected status. We will not refuse to hire a disabled applicant who is qualified to perform the essential functions of the job with reasonable accommodation. The City of Kearney conducts pre-employment drug tests.

Job Applied For	Date of Application

(Please type or print in ink only)

Last Name		First Name		Middle Initial	
(Permanent) Mailing Address	*Number*	*Street*	*City*	*State*	*Zip Code*
(Current) Mailing Address	*Number*	*Street*	*City*	*State*	*Zip Code*
Telephone Numbers	*Permanent*		*Current*	*Cell*	

You <u>must</u> fully complete this application. In addition, you may include a resume or other related personal qualification information relevant to the job.

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date _____ What Department? _____

Are you age 18 or over? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you legally eligible to work in the United States? ☐ Yes ☐ No
Proof of citizenship or immigration status will be required upon hire.

On what date would you be available for work? _____

Please complete the information directly below:

Driver's License No. _____ State _____ ☐ Regular ☐ CDL

List any relatives presently employed by the City of Kearney and state how you are related.

_____

Are you willing to work overtime if required? ☐ Yes ☐ No

Are you willing to work different shifts if required? ☐ Yes ☐ No

Were you in the U.S. Armed Forces? ☐ Yes ☐ No

Have you been convicted of a felony in civilian or military courts within the last 7 years? ☐ Yes ☐ No

(A conviction will not necessarily be a bar to employment. Factors such as date, nature, and number of offenses, age at the time of offense and rehabilitation will be considered)

If yes, please explain _____

The City of Kearney is a Drug Free/Equal Opportunity Employer

Employment Experience

Start with your present or last job including any military service assignments and complete the below information fully. If you need additional space, please continue on a separate sheet of paper.

Employer		Dates Employed		Your Job Title and Major Duties
Address				
City	State	Hourly Rate/Salary		
		Starting	Final	
Telephone Number	Your Supervisor			
Reason for Leaving				

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City	State	Hourly Rate/Salary		
		Starting	Final	
Telephone Number	Your Supervisor			
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Special Skills and Qualifications:
Summarize special job-related skills and qualifications acquired from employment, military, or other experience.

_____

_____

_____

_____

Education

	High School or GED				Undergraduate College/University				Graduate/ Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												
Describe any honors you have received												

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

_____

_____

_____

_____

References

List three references who are neither related to you nor a former employer.

Name	*Address (City, State, Zip)*	*Telephone No.*	*Years Known*

Applicant's Statement

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize a complete background investigation including, but not limited to, all statements contained in this application for employment as may be necessary in arriving at an employment decision. If I am employed by the City based on this application, I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.

_____ _____
Signature of Applicant Date

To include voluntary EEO form, click on the icon on the left-hand side of the screen.