

City of Huxley Application for Employment



(PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Date of Birth: _____ Date of Application: _____

Referral Source: Advertisement Friend Relative Employment Agency Other

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Phone Number (____) _____ Cell Phone Number (____) _____
area code

Have you filed an application here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

Are you currently employed? Yes No

Are you a citizen of the United States? Yes No If not, do you possess an Alien Registration Card? Yes No

If not, do you possess an Alien Registration Card? Yes No If yes, give Registration Number _____

Are you available to work? Full Time Part Time Temporary Regular

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do any of your friends or relatives, other than your spouse, work for the City of Huxley? Yes No

If yes, list names(s) _____

Have you been convicted of a misdemeanor or felony within the last 7 years? Yes No

If yes, please explain _____

Have you been convicted of a moving traffic violation in the last 3 years? Yes No

If yes, please explain _____



City of Huxley

Employment Experience

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities. (Example groups which indicate race, color, religion, sex or national origins.)

Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
	Start	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Give name, address and phone number of three references not related to you.

1. _____

2. _____

3. _____

City of Huxley
Military



Are you a veteran of the U.S. military service ? Yes No

If yes, what was your Branch of U.S. military service ? _____

Education

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities.				

Certificates and Honors Received:

ADDITIONAL INFORMATION

I certify that answers and information 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 60 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 _____

Employed ___ Yes ___ No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title Date

Notes: _____
