

APPLICATION FOR EMPLOYMENT CITY OF KIMBALL, NEBRASKA

EQUAL OPPORTUNITY EMPLOYER

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Personnel Information (Please Print)								
NAME								
	ST		FIRST	MIDDLE INITIAL				
ADDRESS								
TELEBLIONE	STREE		STATE	ZIP				
TELEPHONE _			E-MAIL ADDRESS					
Are you under age	Are you under age 19? [] YES [] NO If yes, age							
Date available for	work		Explain					
Position Informa	tion:							
<u>r conton morma</u>	<u></u>							
Position(s) applied for	or							
Have you previously	worked for the City of Kimb	pall? [] YES [] NO						
If ves. please give d	ates/positions							
yee, pieace give a								
Do you have any rel	atives working for the City of	f Kimball? [] YES []	NO					
If yes, give names, g	departments, and relationsh	ins						
ii yee, give names, e	acparaments, and relationsh	190.						
EDUCATION/TRA	<u>AINING</u>							
Please list below ed	ucation and/or experience r	elating to position(s) applied f	or:					
	Name & Location	Did you graduate?	Degree/Diploma?	Courses of Study				
High School:								
0.11								
College:								
Vocational								
Training:								
-								
Other (include licenses, certificates, etc.):								
Caron (monduo nocinos), ocianidates, etc.).								

Revised: February 2021

THIS APPLICATION WAS RECEIVED BY:

FOR CITY USE ONLY!

DATE:

EMPLOYMENT RECORD:

BEGIN WITH YOUR PRESENT OR MOST RECENT POSITION FOR A PERIOD OF 10 YEARS INCLUDING ANY MILITARY SERVICE. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

APPLICATION SHOULD BE FULLY COMPLETED, WITHOUT REFERENCE TO AN ATTACHED RESUME. IN ADDITION, YOU MAY INCLUDE A RESUME.

Company Name	Job Title:
Address	Telephone Number:
Immediate Supervisor	Reason for Leaving
Dates of Employment	Salary
From: To:	Starting: Ending:
Describe your Work	
Company Name	Job Title:
Address	Telephone Number:
Immediate Supervisor	Reason for Leaving
Dates of Employment	Salary
From: To: Describe your Work	Starting: Ending:
Company Name	Job Title:
Address	Telephone Number:
Immediate Supervisor	Reason for Leaving
Dates of Employment	Salary
From: To:	Starting: Ending:
Describe your Work	
Company Name	Job Title:
Address	Telephone Number:
Immediate Supervisor	Reason for Leaving
Dates of Employment	Salary
From: To:	Starting: Ending:
Describe your Work	

Are you legally	eligible to	work in the United States	? [] YES [] NO		
Explain					
References:	_(Other t	than family or employers	s)		
Name			Address & Phone		
How or what do	es this pe	erson know about you?			
Name			Address & Phone		
How or what do	es this pe	erson know about you?			
Name			Address & Phone		
How or what do	es this pe	erson know about you?			
You May		Contact my prese	ent employer:		
You May Not	[]	Employer			
		Address			
		City	State	Zip	
		_			
You May	[]	Chack any and a	Il references and I hold them and you harmless for providing information.		
You May Not	[]	Officer any and a	in telefelices and filled them and you hamiless for providing information.		
·					
		All the information listed by me on this application is true and correct to the best of my knowledge. I understand fully that any false and misleading statements may be cause for rejection of my application and/or if employed			
		e just cause for subsequer			
	I understand that if I am hired, my employment is at-will and I can be terminated according to the provisions of the City of Kimball Employee Handbook.				
	Oity Oi	Tambali Employee Hallub	oon.		
			(Signature)		

This application will be kept on file for six months.

THE CITY OF KIMBALL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY
IN EMPLOYMENT OR THE PROVISION OF SERVICES.