

DATE _____

LAST NAME _____

The City requires personnel to reside within a certain geographic area from the City.



Application of Employment

City of Blair, 218 S. 16th St., Blair, NE 68008

Instructions: It is the policy of the City of Blair to provide equal opportunity with regard to all terms and conditions of employment. The City of Blair 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? _____

On what date would you be available for work? _____

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

Do you have any relatives working for the City of Blair Yes ___ No ___ If yes, give names and relationship? _____

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 ___

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

If yes, please explain _____

DATE _____

LAST NAME _____

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

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

Do you possess a valid Driver's License? _____ If yes, list State and License # _____
(Please include a copy of your current driver's license with this application) List any other states that you have previously held a license in. _____

Have you been convicted of any drug related charges? Yes _____ No _____ If yes, please explain (give date and place of incident) _____

Have you ever been convicted of any violation other than a minor traffic violation? Yes _____ No _____
If yes, give details, including dates, charges and disposition. Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying. _____

Please list all contact with Law Enforcement Agencies (Example: Headlight violation, D.W.I., Assault Suspect, etc.) and include the date and name of the Law Enforcement Agency. Explain: _____

Employment Experience

Place an **X** by your current employer if you ***do not*** want us to contact them. List the most recent employer first.

1. Employer _____
Address _____ Telephone _____
Job Title _____ Supervisor _____
Dates Employed: from (mm/yyyy) _____ to (mm/yyyy) _____
Hourly rate/salary: starting _____ final _____
Work Performed _____
Reason for Leaving _____

2. Employer _____
Address _____ Telephone _____
Job Title _____ Supervisor _____
Dates Employed: from (mm/yyyy) _____ to (mm/yyyy) _____
Hourly rate/salary: starting _____ final _____

DATE _____

LAST NAME _____

Work Performed _____

Reason for Leaving _____

3. **Employer** _____

Address _____ **Telephone** _____

Job Title _____ **Supervisor** _____

Dates Employed: from (mm/yyyy) _____ **to (mm/yyyy)** _____

Hourly rate/salary: starting _____ **final** _____

Work Performed _____

Reason for Leaving _____

4. **Employer** _____

Address _____ **Telephone** _____

Job Title _____ **Supervisor** _____

Dates Employed: from (mm/yyyy) _____ **to (mm/yyyy)** _____

Hourly rate/salary: starting _____ **final** _____

Work Performed _____

Reason for Leaving _____

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

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

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 Veteran Affairs, as defined in §48-225, Neb. Rev. Stat.)

Yes _____ No _____

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

DATE _____

LAST NAME _____

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 _____

References (Other than family or employers)

(1) Name _____

Address & Phone _____

How or what does this person know about you? _____

(2) Name _____

Address & Phone _____

How or what does this person know about you? _____

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.

DATE _____

LAST NAME _____

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 Blair.

I understand that no City of Blair 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:

**HR Manager
218 S. 16th St.
Blair, NE 68008
or
hr@blairne.gov**

Sign by typing your name below (this is your electronic signature). I understand that an electronic signature has the same legal effect and enforceability as a written signature on an application.

Applicant's Signature _____

Date Signed _____