



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify the Human Resource Department. We are an equal opportunity employer.

Please Print – Please fill application out completely. If not applicable, indicate by putting NA. If application is not complete, it will not be considered for employment.

Position applied for _____ Application Date ____ / ____ / ____

Name _____
Last First Middle Initial

Address _____
Street City State Zip Code

Home Phone (____) _____ Cellular/Other # (____) _____

Email Address _____ Expected Pay _____

Would you accept full-time work? ____ Yes ____ No

Would you accept part-time work? ____ Yes ____ No

On what date would you be available for work? _____

How were you referred to the City of Chadron? _____

Have you submitted an application here before? ____ Yes ____ No

If yes, please give dates: _____

Have you ever been employed here before? ____ Yes ____ No

If yes, please give dates: _____

Is this application a request for reemployment following an extended military leave of absence from the City of Chadron? ____ Yes ____ No If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit? ____ Yes ____ No

Are you legally eligible for employment in the United States? ____ Yes ____ No
If yes, proof is required if hired.

Are you able to perform the “essential functions” of the job of which you are applying for?
(With or without reasonable accommodation?) Yes _____ No _____

Note: This question is not to elicit information about an applicant’s disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodations are necessary. These issues may be addressed at a later stage to the extent permitted by law.

Need more information about the job’s “essential functions” to respond. _____

Will you travel if required? _____ Yes _____ No

Will you work overtime if required? _____ Yes _____ No

Are you able to meet the attendance requirements of the position? _____ Yes _____ No

Have you ever been bonded? _____ Yes _____ No

Please provide your driver’s license number, if driving is required for this job.

_____ State _____

Have you been convicted of or pleaded no contest to a felony within the last five years?

_____ Yes _____ No

If yes, please explain.

Employment Experience

Place an "X" by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

____ Employer _____

Contact Name _____ Email _____

Address _____ Phone (____) _____
Street City State Zip

Job Title _____ Supervisor _____

Dates employed: from ____/____/____ to ____/____/____

Hourly rate/salary: starting _____ final _____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

____ Employer _____

Contact Name _____ Email _____

Address _____ Phone (____) _____
Street City State Zip

Job Title _____ Supervisor _____

Dates employed: from ____/____/____ to ____/____/____

Hourly rate/salary: starting _____ final _____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What were the things you liked least about the position? _____

Employment Experience, (continued)

Place an "X" by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

____ Employer _____

Contact Name _____ Email _____

Address _____ Phone (____) _____
Street City State Zip

Job Title _____ Supervisor _____

Dates employed: from ____/____/____ to ____/____/____

Hourly rate/salary: starting _____ final _____

Work performed _____

Reason for leaving _____

What did you like most about your position? _____

What did you like least about your position? _____

Employment Experience

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:

Education Experience

High School: _____ Location: _____

Course of Study _____ Did you graduate? ___ Yes ___ No ___ Degree ___ Diploma

College: _____ Location: _____

Course of Study _____ Did you graduate? ___ Yes ___ No ___ Degree ___ Diploma

Graduate School: _____ Location: _____

Course of Study _____ Did you graduate? ___ Yes ___ No ___ Degree ___ Diploma

Vocational Training/Other: _____ Location: _____

Course of Study _____ Did you graduate? ___ Yes ___ No ___ Degree ___ Diploma

Continuing Education:

Special Training or Skills

Languages, machine operations, computer skills, etc., that would be of benefit in the job for which you are applying.

Social Security Number

SS# _____/_____/_____ The City of Chadron will make reasonable efforts to safeguard the privacy of this information and will use it only for employment purposes.

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references that are **not** related to you.

Name	Relationship to You	Telephone	Years Known

