

Seasonal Employees

Re-Employment Application



P.O. Box 38
537 Main Street
Seward, Nebraska 68434.
Phone: 402-643-2928.
Fax: 402-643-6491.
www.CityofSewardNE.gov

The City of Seward is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applicants who need a reasonable accommodation to complete this application may contact the HR Director for assistance. AT THE DISCRETION OF CITY ADMINISTRATION, THE CITY MAY CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR AN APPLICANT AFTER THE CITY MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT.

You may attach a resume or other related personal qualification information relevant to the job.

Position Applied For: _____ Date of Application: _____

Specify Days/Hours Available to Work: _____ Date Available to Start: _____

Re-Applicant Information (only if Seasonal employee previous year)

Full Legal Name _____
(First) (M.I.) (Last)

Present Address _____
(P.O. Box/Street Address) (City) (State) (Zip Code)

Phone _____ Email Address _____

If the job you are applying for requires a valid driver's license, please complete the next line:

Driver's License Number _____ State of Issue: _____ Regular _____ CDL _____

Are You Under Age 18? Yes No

If you are under the age of 18, you may need to supply the City a work permit or limit your hours to those permitted by law.

Can you, after being hired, verify your legal right to work in the United States? Yes No

If You Are Not a Citizen, Please give the Number of Your Permanent Resident Card or Work Permit: _____

Have You Ever Worked for the City of Seward? Yes No

If Yes, Please Give Dates and Departments. _____

Do you have any relatives who are currently employed by the City of Seward? Yes No

If Yes, Please Give Names, Departments, and Relationship: _____

Are You Willing to Work Overtime if Required? Yes No Different Shifts? Yes No

Veteran's Preference

Have you ever served in the United States Armed Forces? Yes No Are you claiming Veteran's preference? Yes No

Dates: From: _____ To: _____ Branch of Service: _____

Type of Discharge: _____ Primary Duties: _____

If you are a Veteran or the spouse of a 100% disabled Veteran, you may be eligible for Veterans' Preference in the employment process. A Veteran desiring to use a Veterans' Preference shall submit with the application a copy of the Veteran's Department of Defense Form 214 (DD Form 214). A spouse of a Veteran desiring to use a Veterans' Preference shall submit with the application a copy of the Veteran's DD Form 214, a copy of the Veteran's disability verification from the U.S. Department of Veterans Affairs demonstrating a 100% permanent disability rating, a proof of marriage to the Veteran, i.e., a valid marriage license recognized by the State of Nebraska.

Applicant's Statement

I certify that answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.

Signature

Date