

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.

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

Applicant Information

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

Position Applied For: _____ Date of Application: _____

Date Available to Start: _____

Employment Desired: Full-Time Part-Time Full- or Part-Time

Specify Days/Hours Available to Work: _____

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

Phone _____

Email Address _____ Best Time to Contact You _____

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

How did you hear about this job posting? City Website City Social Media Seward County Independent
 Lincoln JournalStar Statewide Listing Job Board Other (Please list)

IT IS THE POLICY OF THE CITY OF SEWARD TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE CITY MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE CITY. If selected as a final candidate, you will be required to disclose your criminal history or record. Any convictions are relevant only if job-related but will not necessarily bar you from employment. You will not be required to disclose any offense for which the record has been sealed. The City of Seward will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.

Education / Training

Do you have a high school diploma or a GED certificate? Yes No

If No, Highest Year Completed: _____

Please List high schools, colleges, military, trade, business or other schools attended below.

Name and Location of Institution	Hrs. Completed (Clock hrs/Qtr hrs/Sem hrs)	Degree Received	Course of Study (List Major)	Dates Attended
A. _____				
B. _____				
C. _____				
D. _____				

LICENSE/REGISTRATION/CERTIFICATE -- Complete the following for jobs requiring a professional license, registration, certificate, Nebraska Commercial Driver's License (CDL), etc.

Description	State	Number	Expiration
A. _____			
B. _____			
C. _____			

Veteran's Preference

Have you ever served in the United States Armed Forces? 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.

Are you claiming Veteran's preference? Yes No

If yes, a copy of your DD Form 214 must be attached to this application. Veterans who obtain passing scores on all parts or phases of an examination shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five percent shall be added to the passing score of any disabled Veteran.

References

Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person
Name	Address (Street, City, Zip)	Phone No.	Relationship to Person

Employment Experience/Skills

Please List your last four (4) employers for employment verification purposes starting with the most recent.

a. Job Title _____ Duties: _____
Employer _____
Address _____

Telephone _____ Reason for leaving _____
From (Month - Yr) and starting salary _____ To (Month - Yr) and ending salary _____
Supervisor's Name and Phone Number _____
May we contact your current Supervisor? Yes No

b. Job Title _____ Duties: _____
Employer _____
Address _____

Telephone _____ Reason for leaving _____
From (Month - Yr) and starting salary _____ To (Month - Yr) and ending salary _____
Supervisor's Name and Phone Number _____

c. Job Title _____ Duties: _____
Employer _____
Address _____

Telephone _____ Reason for leaving _____
From (Month - Yr) and starting salary _____ To (Month - Yr) and ending salary _____
Supervisor's Name and Phone Number _____

d. Job Title _____ Duties: _____
Employer _____
Address _____

Telephone _____ Reason for leaving _____
From (Month - Yr) and starting salary _____ To (Month - Yr) and ending salary _____
Supervisor's Name and Phone Number _____

COMPUTER SKILLS – Please explain your level of proficiency below:

SPECIALIZED SKILLS AND KNOWLEDGE – Use the space below to summarize other relevant experience, skills, background, training and qualifications that you feel make you especially suited for work with the City of Seward.

Applicant Statement

I understand that:

- * Any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my employment. In addition, I authorize and request now or in the future each and every former employer, school, individual, agency, organization or law enforcement agency to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or record.
- * As a condition of employment, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1985.
- * If I am applying for a safety sensitive position covered by the Federal Department of Transportation Regulations, applicants and employees are subject to mandatory drug and alcohol testing policies as a condition of employment. Other City employees, regardless of status, may be subject to reasonable suspicion, return to duty, and unannounced follow-up drug and alcohol testing. Employees who test positive are subject to discipline up to and including termination.
- * Unless otherwise defined by applicable law, employees of the City of Seward serve in an "at will" capacity and can be discharged either with or without cause. Applications are required for each vacant position, including those with the same title; and applications submitted for the general file and not for specific position will be kept on active file for six (6) months and can be activated by me when I want to be considered for one (1) specific position by contacting the City Clerk's Office during the open recruitment period, unless specifically waived in writing.

THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT. This application must be signed and dated for consideration of employment.

Signature _____

Date _____

JOB APPLICANT'S CONSENT FOR JOB REFERENCE INFORMATION

I, _____, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Seward, Nebraska. Nebraska state law provides that a current or former employer may disclose with immunity from civil liability the following information about a current or former employee's employment history to a prospective employer of the current or former employee upon receipt of written consent from the current or former employee:

- (i) Date and duration of employment.
- (ii) Pay rate and wage history on the date of receipt of written consent.
- (iii) Job description and duties: Attach copy of job description.
- (iv) The most recent written performance evaluation prepared prior to the date of the request and provided to the employee during the course of his or her employment: Attach copy of the performance evaluation.
- (v) Attendance information: Attach copy of attendance record.
- (vi) Results of drug or alcohol test administered within one year prior to the request: Attach copy of test results.
- (vii) Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee.
- (viii) Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation.
- (ix) Whether the employee is eligible for rehire.

Applicant's Signature

Date (consent valid for six months)

**NEBRASKA REVISED STATUTES
CHAPTER 48. LABOR
ARTICLE 2. GENERAL PROVISIONS**

48-201. Current or former employer; disclosure of information; immunity from civil liability; consent; form; period valid; applicability of section.

(1)(a) A current or former employer may disclose the following information about a current or former employee's employment history to a prospective employer of the current or former employee upon receipt of written consent from the current or former employee:

- (i) Date and duration of employment;
- (ii) Pay rate and wage history on the date of receipt of written consent;
- (iii) Job description and duties;
- (iv) The most recent written performance evaluation prepared prior to the date of the request and provided to the employee during the course of his or her employment;
- (v) Attendance information;
- (vi) Results of drug or alcohol tests administered within one year prior to the request;
- (vii) Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- (viii) Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- (ix) Whether the employee is eligible for rehire.

(b) The current or former employer disclosing such information shall be presumed to be acting in good faith and shall be immune from civil liability for the disclosure or any consequences of such disclosure unless the presumption of good faith is rebutted upon a showing by a preponderance of the evidence that the information disclosed by the current or former employer was false, and the current or former employer had knowledge of its falsity or acted with malice or reckless disregard for the truth.

(2)(a) The consent required in subsection (1) of this section shall be on a separate form from the application form or, if included in the application form, shall be in bold letters and in larger typeface than the largest typeface in the text of the application form. The consent form shall state, at a minimum, language similar to the following:

I, (applicant), hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to (prospective employer).

- (b) The consent must be signed and dated by the applicant.
- (c) The consent will be valid for no longer than six months.

(3) This section shall also apply to any current or former employee, agent, or other representative of the current or former employer who is authorized to provide and who provides information in accordance with this section.

(4)(a) This section does not require any prospective employer to request employment history on a prospective employee and does not require any current or former employer to disclose employment history to any prospective employer.

(b) Except as specifically amended in this section, the common law of this state remains unchanged as it relates to providing employment information on current and former employees.

- (c) This section applies only to causes of action accruing on and after July 19, 2012.

(5) The immunity conferred by this section shall not apply when an employer discriminates or retaliates against an employee because the employee has exercised or is believed to have exercised any federal or state statutory right or undertaken any action encouraged by the public policy of this state.

APPLICANT VOLUNTARY SELF-DISCLOSURE SUBMITTAL FORM

The City of Seward is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite the applicant to voluntarily self-identify their gender, age, race/ethnicity, and veteran status. Submission of the self-identification information is voluntary and refusal to provide it will not subject you to any adverse treatment or influence in the hiring process. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify you by name:

Full Name: _____
Last First

Position Applied For: _____ Date Completed: _____

Gender (Please check one): ___Male ___Female Are you 40 years of age or older? ___Yes ___No

Race and Ethnicity

Please check the one that describes the race / ethnicity category with which you primarily identify:

- ___ Hispanic or Latino A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of ethnicity.
- ___ White A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ___ Black or African American A person having origins in any of the black ethnic groups of Africa.
- ___ Native Hawaiian or Other Pacific Islander A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ___ Asian A person having origins in any of the peoples of Hawaii, Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ___ American Indian or Alaska Native A person having origins in any of the original people of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- ___ Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the five races listed above.
- ___ I chose not to identify my race / ethnicity.

Veteran Status – please check all that apply

- ___ I am not a veteran (I did not serve in the Military)
- ___ I belong to the following classifications of protected veterans (Choose all that apply):
 - ___ Disabled Veteran ___ Recently Separated Veteran (Date of discharge): _____
 - ___ Active Wartime or Campaign Badge Veteran ___ Armed Forces Service Medal Veteran
- ___ I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above)
- ___ I chose not to identify my veteran status.

Applicant's Signature

Date