Employment Application



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

www.CitvofSewardNE.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 Availab	ole to Work:			
Mailing Address				
	(P.O. Box/Street Address)	(City)	(State)	(Zip Code)
Phone				
Email Address		Best Time to Conta	ict You	
f the job you are applying f	or requires a valid driver's lice	nse, please complete the nex	t line:	
	er			RegularCDL
Are You Under Age 18?	YesNo			
If you are under the ago	e of 18, you may need to supp	ly the City a work permit or li	mit your hours to th	ose permitted by law.
Can you, after being hired,	verify your legal right to wor	k in the United States?	Yes	No
If You Are Not a Citizen,	Please give the Number of Yo	ur Permanent Resident Card	or Work Permit	
Have You Ever Worked for	r the City of Seward?	YesNo		
If Yes, Please Give Date	s and Departments			
Do you have any relatives	who are currently employed	by the City of Seward?	YesNo	
If Yes, Please Give Nam	es, Departments, and Relation	ship.		
	vertime if Required?Ye		nt Shifts?Yes	No
How did you hear about th	nis job posting?City We	bsiteCity Social I	MediaSew	ard County Independent
Lincoln JournalSt		 _ •		Other (Please lis

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 / 1	raining		
o you have a high s	chool diploma or a GED ce				
lease List high schoo	ıt NO, Hignest ols, colleges, military, trad	Year Completed:e, business or other scho			
Name and Loca	tion of Institution	Hrs. Completed (Clock hrs/Qtr hrs/Sem hr	Degree Received	Course of Study (List Major)	Dates Attended
ICENSE/REGISTRAT Commercial Driver's	ION/CERTIFICATE Compl License (CDL), etc.	ete the following for jobs	requiring a professio	nal license, registra	tion, certificate, Nebras
Description		State	Num	ber	Expiration
J					
~ <u>-</u>					
		Veteran's Pro			
-	d in the United States Arm				
Dates: From:	Т	o:	Bran	ch of Service:	
Type of Discharge	e:	Primary Duties:			
teran desiring to use D Form 214). A spou rm 214, a copy of th	the spouse of a 100% disa e a Veterans' Preference sh use of a Veteran desiring to be Veteran's disability verifi of of marriage to the Veter	nall submit with the appli use a Veterans' Preferer ication from the U.S. Dep	cation a copy of the Nace shall submit with artment of Veterans	/eteran's Departme the application a co Affairs demonstrati	nt of Defense Form 21. py of the Veteran's DD ng a 100% permanent
are you claiming Vet	eran's preference?	Yes	No		
amination shall have	DD Form 214 must be attace five percent added to the dded to the passing score of	ir passing score if a claim	•	•	•
		References			
me	Address (Street, City, 2	Zip) Phone No.		Relationship to	Person
ame	Address (Street, City, 2	Zip) Phone No.		Relationship to F	Person
me	Address (Street, City, 2	Zip) Phone No.		Relationship to F	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	
	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?YesNo	
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 belo	w.
CONTROLEN SKILLS — Flease explain your level of proficiency belo	vv.

	LIZED SKILLS AND KNOWLEDGE – Use the space below to summarize other relevant experience, skills, background, training alifications that you feel make you especially suited for work with the City of Seward.
	Applicant Statement
I under	stand 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 harmlessfor 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 timelimits 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 datedfor consideration of employment.
Cianat	nna.
Signatu	ure Date

JOB APPLICANT'S CONSENT FOR JOB REFERENCE INFORMATION

I,		, nereby give consent to any and all prior employers of mine to provide information with
		Applicant's Name Printed
with regar	rd to r	ny 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 pros	spective employer of the current or former employee upon receipt of written consent from the current or former employee:
(i	i)	Date and duration of employment.
(i	ii)	Pay rate and wage history on the date of receipt of written consent.
(i	iii)	Job description and duties: Attach copy of job description.
(i	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.
(i	ix)	Whether the employee is eligible for rehire.
Applicant'	's Sign	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:

		Last		First			
on Applied For:				Date Completed:			
er (Please checl	one):	Male	Female	Are you 40 years of age or older?YesNo			
				Race and Ethnicity			
e check the one	that des	cribes the ra	ce / ethnicity c	ategory with which you primarily identify:			
_ Hispani	Hispanic or Latino		•	A person of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin, regardless of ethnicity.			
_ White	White			A person having origins in any of the original peoples of Europe, North Africa o Middle East.			
Black o	African A	merican	A pe	rson 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	Asian		inclu	A person having origins in any of the peoples of Hawaii, Indian Subconti including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistar Philippine Islands, Thailand and Vietnam.			
_	American Indian or Alaska Native		(incl	A person having origins in any of the original people of North and South America (including Central America) and who maintain tribal affiliation or commattachment.			
=	More Rac	-	All p	ersons who identify with more than one of the five races listed above			
_ I chose	not to ide	ntify my race	/ ethnicity.				
			Veteran Sta	tus – please check <u>all</u> that apply			
l am no	t a vetera	o (I did not se	erve in the Mili	tany)			
_		-		otected veterans (Choose all that apply):			
_	isabled V	J	·	Recently Separated Veteran (Date of discharge):			
				eteran Armed Forces Service Medal Veteran			
				e military but do not fall into any veteran categories listed above)			
_	•		eran status.	a			

Date

Applicant's Signature