



513 Main Street
Wayne, NE 68787
402.375.1733
cityofwayne.org

To: Applicants for Position with City of Wayne

Subject: Guidelines for Completing Application for Employment

1. Applicant is asked to complete the attached application form in as much detail as possible. All blanks that apply to applicant are to be completed.
2. Applicant is asked to complete the application electronically and then print the completed form and sign where indicated. Or, alternatively, print the application out and complete it with a typewriter.
3. Applicant is asked to attach a detailed resume with their application. The resume should include work-related references. If a resume was submitted prior, complete this application and return.
4. Return completed application and resume to:

Personnel Director
City of Wayne
PO Box 8
513 Main Street
Wayne, NE 68787

513 Main Street • P.O. Box 8 • Wayne, NE 68787
Tel (402) 375-1733 • Fax (402) 375-1619
www.cityofwayne.org



306 Pearl Street
Wayne, NE 68787
402.375.1733
cityofwayne.org

Authorization for Release of Employment & Credit Information

I have made application for employment with the City of Wayne and desire that they be fully informed as to my previous employment, credit, and/or academic records. I do hereby authorize a review and full disclosure of any and all records or files (or any part thereof) pertaining to me, including but not limited to the files and records of any school or other educational institution, financial or credit agency, public utility companies, any hospital, clinic, doctor or other medical practitioner, the military or armed forces of the United States, any agency or business pre-employment or employment records and/or personnel files including background investigation reports, results of polygraph examinations, efficiency ratings, complaints and/or grievances involving me as well as medical examinations, attorneys' files, court records or documents in civil or criminal cases in which I am involved, and any records, files or documents regarding any arrests, convictions or other criminal investigations or charges involving me whether in writing or in electronic media databases.

I also release my responding employer, former employers and/or school registrar, financial institution, medical office or hospital from all claimed and/or implied liability arising out of such response and disclosure.

Employment History Comments (optional): _____

Applicant's Name (typed)

Social Security Number (typed)

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE TYPE OR FILL OUT ELECTRONICALLY)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
Advertisement	Friend	Inquiry	
Employment Agency	Relative	Other _____	

Last Name		First Name		Middle Name	
Address		City		State	Zip Code
Telephone Number(s)			Social Security Number		

Best time to contact you at home is:	_____:	_____	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES	NO	
Have you ever filed an application with us before?	YES	NO	
If Yes, give date: _____			
Have you ever been employed with us before?	YES	NO	
If Yes, give date: _____			
Do any of your friends or relatives, other than spouse, work here?	YES	NO	
If Yes, state name, relationship and location: _____			

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO

Proof of citizenship or immigration status will be required upon employment.

Date available for work: ____ / ____ / ____

What is your desired salary range? _____

Are you available to work: Full Time (Please indicate: ___1 ___2 ___3 shift)
 Part Time (Please indicate: ___ Mornings ___ Afternoon ___ Evening)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION	Name and Address of School	Years Attended	Course of Study	Degree Received
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer: Address: Telephone Number: Job Title:	Dates Employed		Work Performed	
	From	To		
	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:				
May We Contact? YES NO				

Employer: Address: Telephone Number: Job Title:	Dates Employed		Work Performed	
	From	To		
	Hourly Rate/Salary			
	Starting	Final		
Supervisor:				
Reason for Leaving:				
May We Contact? YES NO				

Employer: Address: Telephone Number: Job Title:	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			
May We Contact? YES NO			

Employer: Address: Telephone Number: Job Title:	Dates Employed		Work Performed
	From	To	
	Hourly Rate/Salary		
	Starting	Final	
Supervisor:			
Reason for Leaving:			
May We Contact? YES NO			

Comments: Include explanation of any gaps in employment:

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Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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Describe any job-related training received in the United States military:

List professional, trade, business, or civic activities and offices held:

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

Additional Information

Other Qualifications – Summarize special job related skills and qualifications from employment or other experiences

Specialized Skills (Skills/Equipment Operated)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
PC / Mac	Word Processing	_____	_____
Typewriter	Short Hand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES NO

PERSONAL/PROFESSIONAL REFERENCES *(Do not include family members or past supervisors)*

Name	Phone Number	Best Time To Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Applicant Email Address