



City of Minatare
309 Main Street / Post Office Box 483
Minatare, Nebraska 69356-0483
Telephone: 308-783-1414
Fax: 308-783-1414

Position(s) Applied for: _____ **Wage Desired?** _____

First _____ **Middle** _____ **Last** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone # _____ **Message #** _____

Email Address: _____

Do you have a legal right to work in the U.S.? Yes___No___ (Proof of eligibility will be required upon offer of employment)

Have you been convicted of a crime other than a minor traffic violation Y__N__?
If yes, Please explain: _____

What are the hours and days that you are willing to work?
Full time (40 +) Y___N___ Part-Time (less than 32 hr.'s Weekly) Y___N___,
Temporary Y___N___, Seasonal Y___ N___

Sunday: From _____ To _____

Monday: From _____ To _____

Tuesday: From _____ To _____

Wednesday: From _____ To _____

Thursday: From _____ To _____

Friday: From _____ To _____

Saturday: From _____ To _____

Do you have any physical limitations that would prevent you from performing the job functions with or without reasonable accommodations for the position for which you are applying for? Y ___ N ___

If yes please explain _____

Do you have any other aliases by which your records could be found?

If yes, please name: _____

Employment History: Please provide the following information for your past and current employers, assignments (staffing agencies) and volunteer activities, starting with your most recent and working backwards. GO BACK 10 YEARS IF APPLICABLE.

Employer _____	From _____	Duties (Be specific)
Address _____	To _____	_____
Ph# _____	Starting \$ _____	_____
Title _____	Ending \$ _____	_____
Supervisor _____		_____

Reason for Leaving: _____

Employer _____	From: _____	Duties (Be specific)
Address _____	To: _____	_____
Ph# _____	Starting \$ _____	_____
Title _____	Ending \$ _____	_____
Supervisor _____		_____

Reason for leaving: _____

Employer _____	From: _____	Duties (Be specific)
Address _____	To: _____	_____
Ph# _____	Starting \$ _____	_____
Title _____	Ending \$ _____	_____
Supervisor _____		_____

Reason for leaving: _____

Employer _____ **From:** _____ **Duties (Be specific)**
Address _____ **To:** _____ _____
Ph# _____ **Starting \$** _____ _____
Title _____ **Ending \$** _____ _____
Supervisor _____ _____
Reason for leaving: _____

Employer _____ **From:** _____ **Duties (Be specific)**
Address _____ **To:** _____ _____
Ph# _____ **Starting \$** _____ _____
Title _____ **Ending \$** _____ _____
Supervisor _____ _____
Reason for leaving: _____

List any other skills or qualifications, that would be of interest to the employer: _____

EDUCATION:

High School City _____ State _____ Diploma Y N Highest Year completed _____

College: City _____ State _____ Diploma Y N Highest Year completed _____

G.E.D. City _____ State _____ Diploma Y N Highest Year completed _____

REFERENCES: Include five character references, three of which may NOT be family or close personal friends.

Name: _____ Ph# _____ Years known _____

Address: _____ Relationship: _____

Name: _____ Ph# _____ Years known _____

Address: _____ Relationship: _____

Name: _____ Ph# _____ Years Known _____

Address: _____ Relationship: _____

Name: _____ Ph# _____ Years known _____

Address: _____ Relationship: _____

Name: _____ Ph# _____ Years known _____

Address: _____ Relationship: _____

***By signing this application, I declare the information provided by me is complete and true to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer of employment or may result in an withdrawal of any employment offer, or may result in my discharge from employment if I am already employed at the time of misrepresentation or omission is discovered. Plain Terms: You may be dismissed for falsification of an application if information is not true to your knowledge.**

Applicant's Signature (Legibly) _____ Date _____