



APPLICATION FOR FULL TIME EMPLOYMENT

Date: \_\_\_\_\_

PERSONAL INFORMATION

Last Name First Name MI

Address City State Zip

Telephone Number Email Address

EMPLOYMENT DESIRED

Position: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

Are you employed now? Yes/No

If so, may we contact your present employer? Yes/No

Are you 18 years of age or older? Yes/No

Do you have a High School Diploma or GED? Yes/No

Are you eligible to work in the U.S.? Yes/No

Can you provide a Driver's License? Yes/No

Issuing State: \_\_\_\_\_ Type: \_\_\_\_\_

Have you been convicted of a felony? Yes/No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, Please explain;

<b>EDUCATION</b>	<b>Name and location of school</b>	<b>No. of yrs. Attended</b>	<b>Degree Received</b>	<b>Subjects studied/Major</b>
College or University				
Trade, Business or Correspondence School				
Special Training or Certificates				

<b>EMPLOYMENT EXPERIENCE</b>				
<b>Date Month/Year</b>	<b>Name and Address of Employer Phone and Email Address</b>	<b>Salary (upon leaving)</b>	<b>Position</b>	<b>Reason for Leaving</b>

REFERENCES List below three persons not related to you, whom you have known at least one year.			
Name	Address	Number Email Address	Relationship

**APPLICANT'S STATEMENT**

The City of Broken Bow is an equal opportunity employer. The City of Broken Bow does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The City of Broken to hire me. If I am hired, I understand that either The City of Broken Bow or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The City of Broken Bow has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The City of Broken Bow true and complete information on this application. No requested information has been concealed. I authorize The City of Broken Bow to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

\_\_\_\_\_

Signature of Applicant Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview      Yes/No

Employed      Yes/No

Date of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_