

VILLAGE OF HEMINGFORD APPLICATION FOR EMPLOYMENT

700 BOX BUTTE AVE
 PO BOX 395
 HEMINGFORD, NE 69348-0395
 308-487-3465

APPLICATION FOR EMPLOYMENT _____

PERSONAL INFORMATION

Date _____

Name _____
 Last **First** **Middle** **Maiden**

Present address _____
 Number **Street** **City** **State** **Zip**

Telephone (____) _____

e-mail _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Employment desired FULL-TIME ONLY PART-TIME ONLY

When are you available to start work?

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR and/or SPECIALTY	NUMBER OF YEARS COMPLETED
High School				
College/ university				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
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Are you currently employed? Yes No

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

Have you ever been convicted of a felony? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Are you a US citizen? Yes No If not, are you a permanent resident of the US? Yes No

Are you currently authorized to work in the United States? Yes No

Have you ever been employed with this company? Yes No

If yes, when? _____

Do you have any friends or relatives employed by this company? Yes No

If yes, please provide their names and relationship to you.

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

FOR LAW ENFORCEMENT APPLICANTS ONLY

AUTHORITY TO RELEASE INFORMATION

(PLEASE DO NOT USE BLUE INK OR PENCIL WHEN COMPLETING THIS FORM.)

FULL NAME: _____

(PRINT OR TYPE)

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER & STATE: _____

DATE: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

This release is being made in conjunction with my application for employment with the Village of Hemingford.

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.

I further authorize the release of information concerning all of the above mentioned areas, or any other information, which has a bearing on my fitness or ability to be a law enforcement officer, even if the information is not contained in written records and regardless of

whether the information is considered privileged or confidential in nature.

I release and hold harmless the Village of Hemingford for all actions taken as a result of the information it receives and/or disseminates.

This release of information form, or a duly executed photocopy and/or fax is valid for a period of six months from the date of execution.

STATE OF _____)
COUNTY OF _____)

I, the undersigned, after first being duly sworn, hereby acknowledge that I give the above authority to release information of my own free will and for the purposes stated therein and I have voluntarily furnished my social security number.

SIGNATURE

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

NOTARY PUBLIC