



**Employment History** (List past employers, starting with the most recent, including military. List others on separate page)

Employer \_\_\_\_\_

Address \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start \$: \_\_\_\_\_ Final: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start \$: \_\_\_\_\_ Final: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start \$: \_\_\_\_\_ Final: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start \$: \_\_\_\_\_ Final: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Security**

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Have you ever used any names or social security numbers other than those on this application?  
Yes No

If so, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Job Duty Information**

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Have you received a description of the job or been made aware of the essential functions of the job you are applying for? Yes No

If the job requires, do you have the appropriate valid driver's license? Yes No

DL #: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Have you had your driver's license suspended or revoked, or had your driving privileges modified by a court of law? Yes    No

If yes, please explain \_\_\_\_\_

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Please list all states from which you hold or have held a driver's license: \_\_\_\_\_

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**Educational Background**

Name and Location	Years Completed	Did you Graduate?	Course of Study
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High School \_\_\_\_\_

College \_\_\_\_\_

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**Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience that may qualify you for work with us. \_\_\_\_\_

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Please list any other licenses or certificates you may have that relate to the position applied for:

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**References**

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Include any individuals familiar with your work ability. Do not include relatives.

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Relationship \_\_\_\_\_

**Comments**

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**Certification and Release**

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I certify that I have read and understand foregoing Application for Employment and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this Application may result in rejection of my Application, rescinding an offer, or discharge at any time during my employment.

I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Wahoo. I authorize the City of Wahoo and/or its agents, including consumer reporting bureaus, to verify any of the information contained on this Application including, but not limited to, criminal history and motor vehicle driving records prior to or upon my employment by the City of Wahoo. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I understand that the use of illegal drugs is prohibited during employment. As company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

**Furthermore, I understand that, if hired, my employment will be strictly at will. That means that my employment is for an indefinite period and that the City of Wahoo or I may terminate the employment at any time, for any or no reason, with or without notice or intermediate steps, subject, however to personnel policies of the City of Wahoo. I further understand that no verbal statements or statements in any City of Wahoo policy or procedure manual, employee handbook, or other document shall be construed to have altered the at-will nature of my employment. I understand that no representative of the City of Wahoo has the authority to make any assurance to the contrary.**

I have read and reviewed the information provided in this Application and the above statements. By signing this Application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.

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

**CITY OF WAHOO  
605 NORTH BROADWAY  
WAHOO, NE 68066**

**DISCLOSURE AND RELEASE OF INFORMATION**

In consideration for processing my application for employment, promotion or retention, I hereby authorize the City of Wahoo, its employees or agents to make or cause to be made any investigation or inquiry regarding my background or experiences that may be related to my application for employment. The City of Wahoo may obtain information from a consumer reporting agency for employment purposes. Thus, I may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about my character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as my neighbors, friends or associates. These reports may contain information regarding credit history, criminal history, social security verification, motor vehicle records, and verification of education or employment history including current position, worker's compensation injuries, or other background checks. I specifically authorize the furnishing of a consumer report containing medical information about me. I understand the medical information is relevant to process or effect an employment decision concerning the job description. I realize I have the right under the federal Fair Credit Reporting Act and similar state statutes, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by the City of Wahoo. The scope of this notice and authorization is all-encompassing, however, allowing the City of Wahoo to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of my employment to the extent permitted by law.

I further release any former employers, schools, or individuals from any liability in connection with their statements and hold the City of Wahoo harmless for all lawful action taken as a result of this background investigation. I agree that a fax or photocopy of this release of information should be accepted with the same authority as the original.

I understand and agree that my employment, promotion, or retention may be determined in whole or in part on the reports issued to the City of Wahoo.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Other Names/Alias: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

State of issue and Driver's License Number: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

\_\_\_\_\_ I would like to receive a copy of the consumer report if one is generated in connection with this authorization.