



**APPLICATION FOR EMPLOYMENT
CITY OF KIMBALL, NEBRASKA**

DATE

EQUAL OPPORTUNITY EMPLOYER

Personnel Information (Please Print)				
NAME	_____	LAST	FIRST	MIDDLE INITIAL
ADDRESS	_____			
	STREET	CITY	STATE	ZIP
TELEPHONE	_____		E-MAIL ADDRESS	
Are you under age 19? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, age _____				
Date available for work _____ Explain _____				

Position Information:
Position(s) applied for _____
Have you previously worked for the City of Kimball? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please give dates/positions _____
Do you have any relatives working for the City of Kimball? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, give names, departments, and relationships. _____

EDUCATION/TRAINING				
Please list below education and/or experience relating to position(s) applied for:				
	Name & Location	Did you graduate?	Degree/Diploma?	Courses of Study
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Vocational Training:	_____	_____	_____	_____

Other (include licenses, certificates, etc.):

FOR CITY USE ONLY!
THIS APPLICATION WAS RECEIVED BY: _____ DATE: _____

Revised: February 2017

EMPLOYMENT RECORD:

BEGIN WITH YOUR PRESENT OR MOST RECENT POSITION FOR A PERIOD OF 10 YEARS INCLUDING ANY MILITARY SERVICE. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

APPLICATION SHOULD BE FULLY COMPLETED, WITHOUT REFERENCE TO AN ATTACHED RESUME. IN ADDITION, YOU MAY INCLUDE A RESUME.

Company Name		Job Title:	
Address		Telephone Number:	
Immediate Supervisor		Reason for Leaving	
Dates of Employment From: To:		Salary Starting: Ending:	
Describe your Work			

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Address		Telephone Number:	
Immediate Supervisor		Reason for Leaving	
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Company Name		Job Title:	
Address		Telephone Number:	
Immediate Supervisor		Reason for Leaving	
Dates of Employment From: To:		Salary Starting: Ending:	
Describe your Work			

Are you legally eligible to work in the United States? [] YES [] NO

Explain _____

References: (Other than family or employers)

Name _____ Address & Phone _____

How or what does this person know about you? _____

Name _____ Address & Phone _____

How or what does this person know about you? _____

Name _____ Address & Phone _____

How or what does this person know about you? _____

You May []

Contact my present employer:

You May Not []

Employer _____

Address _____

City _____ State _____ Zip _____

You May []

Check any and all references and I hold them and you harmless for providing information.

You May Not []

All the information listed by me on this application is true and correct to the best of my knowledge. I understand fully that any false and misleading statements may be cause for rejection of my application and/or if employed may be just cause for subsequent dismissal.

I understand that if I am hired, my employment is at-will and I can be terminated according to the provisions of the City of Kimball Employee Handbook.

(Signature)

This application will be kept on file for six months.

**THE CITY OF KIMBALL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR,
NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY
IN EMPLOYMENT OR THE PROVISION OF SERVICES.**