

APPLICATION FOR EMPLOYMENT

CITY OF MADISON
P.O. BOX 527
MADISON, NE 68748

Please Type or Print:

Position(s) Applied For _____ Date of Application _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____ () Social Security No. _____

If you are under 18, can you furnish a work permit?.....Yes ___ No ___

Have you ever been employed here before?..... Yes ___ No ___

Are you legally eligible for employment in the country?..... Yes ___ No ___
(Proof of U.S. citizenship or Immigration status will be required upon employment.)

Date available for work..... _____

Type of employment desired Full Time ___ Part Time ___ Temporary ___
Seasonal ___ Education Co-op ___

Are you able to meet the attendance requirements of the position?.....Yes ___ No ___

Have you been convicted of a felony in the last seven (7) years?.....Yes ___ No ___
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

Driver's license number (If job related) _____ State _____

EMPLOYMENT HISTORY

List your last three employers, assignments and military experience:

Job Position One:

From: To: Employer: Telephone: _____

Job Title: Address: _____

Immediate Supervisor & Title: _____

Summarize the nature of work performed and job responsibilities: _____

Reason for leaving: _____

Hourly Rate/Salary Start \$ Per: Final \$ Per: _____

Professional References (Please no family members)

Name	Address	Telephone	Yrs Known
1.			
2.			
3.			
4.			

It is understood and agreed upon that any misrepresentation by me in the application will be sufficient cause for cancellation of this application and/or separation from the City of Madison's service if I have been employed.

I give the City of Madison the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City of Madison and its representatives for seeking such information, and all other persons, corporation or organizations for furnishing such information.

The City of Madison is an Equal Opportunity Employer. The City of Madison does not discriminate in employment and no question on the application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

The application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the City of Madison reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

Signature of Applicant _____ Date _____