

APPLICATION FOR EMPLOYMENT

VILLAGE OF WATERLOO
509 S. Front Street
P.O. Box 127
Waterloo, NE 68069
(402) 779-2292 Phone
(402) 779-3387 Fax

EQUAL OPPORTUNITY EMPLOYER

Name _____			Social Security # _____ - _____ - _____		
Last		First	Middle		
Address _____					
Street		City	State	Zip Code	
Telephone # _____		Other Phone # _____		E-mail Address _____	
Position(s) applied for _____			Date of Application ____/____/____		
Referred by _____					

May we contact you at work? ____ Yes ____ No If **yes**, work number and best time to call: _____ am/pm
Have you applied here before? ____ Yes ____ No If **yes**, when _____ and what position _____
Have you ever worked here before? ____ Yes ____ No If **yes**, when _____ and what position _____
Are you legally eligible for employment in this country? ____ Yes ____ No. Date available for work _____
What is your desired hourly rate or salary range? _____ Are you willing to work overtime? ____ Yes ____ No
Type of employment desired: Full-time Part-time Temporary Seasonal-----

Driver's license number required if driving is required for the job you are applying:

Number _____ State _____ Expiration Date _____

Have you ever been bonded? ____ Yes ____ No -----

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime: ____ Yes ____ No-----

If **yes**, please provide date(s) and details:

SKILLS AND QUALIFICATIONS

List any special training, skills, licenses and/or certificates that may assist you in performing the job for which you are applying:

COMPUTER SKILLS (If applicable to the position you are applying for)

Word Processing

Spreadsheet

E-mail

Internet

Other _____

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information:

NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	COMPLETED	SUBJECTS STUDIED
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/> Certification	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/> Certification	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/> Certification	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Other <input type="checkbox"/> Certification	

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information:

EMPLOYER	EMPLOYER ADDRESS & PHONE #	POSITION	EMPLOYMENT DATES		SALARY (FINAL)
			FROM	TO	
TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES					
REASON FOR LEAVING					

EMPLOYER	EMPLOYER ADDRESS & PHONE #	POSITION	EMPLOYMENT DATES		SALARY (FINAL)
			FROM	TO	
TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES					
REASON FOR LEAVING					

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TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES					
REASON FOR LEAVING					

REFERENCES

List name and telephone number of three references that are **not** related to you and are **not** previous supervisors:

NAME	RELATIONSHIP TO YOU	TELEPHONE NUMBER	YEARS KNOWN

AUTHORIZATION STATEMENT

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the employer is authorized to make any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Village of Waterloo representative. I understand that if I am hired, I will be required to provide proof of identify and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing AUTHORIZATION STATEMENT.”

Signature of Applicant _____ Date ____/____/____

