

City of Hastings/Hastings Utilities

Application for Employment

Applicants are considered for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.

FOR OFFICE USE ONLY

Exam _____

GRADE MAILED _____

(PLEASE PRINT OR TYPE)

Date of Application _____

Name _____
Last First Middle

Address _____
House Number and Street City State Zip Code

Telephone _____ E-Mail Address _____

Person to be Notified in Case of Emergency _____

Position (s) Applied For _____

Have you ever been employed by the City? Yes No If Yes, give dates _____

Do you have a relative that works for the City? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes No

(Proof of citizenship or status may be required upon employment)

Will you live in Hastings? Yes No

Are you available to work? Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If Yes, please explain

Veteran of the U.S. Military services? Yes No Branch _____

Years of Service _____ Type of Discharge _____

Hastings City Code gives Veteran's Credit to a citizen of the U.S. who has been a member of the Armed Forces of the U.S. in active service for more than 90 consecutive days in time of any war which the country has been in or shall hereafter be engaged. DD-214 must be provided to receive credit.

AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment: City of Hastings

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin)

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1	Name _____	Telephone Number _____
	Address _____	

2	Name _____	Telephone Number _____
	Address _____	

3	Name _____	Telephone Number _____
	Address _____	

Application for Employment: Employment Experience

Start with your present or last job. Include military service assignments.

1	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
Reason for Leaving			Telephone	
			FAX	
2	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
Reason for Leaving			Telephone	
			FAX	
3	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
Reason for Leaving			Telephone	
			FAX	
4	Employer	Dates Employed		Work Performed
	Address	From	To	
	Job Title			
	Supervisor	Hourly Rate/Salary		
Reason for Leaving			Telephone	
			FAX	

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or volunteer experience

Application for Employment: Education

	Elementary					High School				College/University				Graduate/Professional			
School Name																	
Years Completed (check one)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course Of Study																	
List Licenses, Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities.																	

Honors Received

State any additional information that may be helpful to us in considering your application.

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as my be necessary in arriving at an employment decision. I understand that this application is not an is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Hastings/Hastings Utilities.

Signature of Applicant

Date

City of Hastings

Application Supplement

Please read and initial each paragraph below. If there is any part of this page you do not understand, please ask the Personnel Technician about it before signing.

(Initial Below)

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time before discovery.

_____ I understand that if offered employment, the offer is contingent on my passing a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the physical will result in withdrawal of this employment offer.

_____ I understand that if offered employment for a position that requires a Commercial Driver's License or a position with Hastings Utilities that the offer is contingent on my passing a pre-employment drug screen. By signing this application, I voluntarily agree to submit to a pre-employment drug screen upon receipt of a verbal offer of employment. I understand that failure to pass the drug screen will result in withdrawal of the employment offer. If hired for a position that requires a Commercial Driver's License, I also agree to submit to random alcohol and/or drug testing as a condition of employment. I agree that the City of Hastings may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a refusal to test, and I will be subject to disciplinary action.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States within three days of employment.

_____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Nebraska driver's license.

_____ I understand that if offered employment at Hastings Utilities, I will, as a condition of employment, be required to live within six miles of the Hastings City limits.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

PRE-EMPLOYMENT INFORMATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, military status, age, marital status, or the presence of a non-job related medical condition or disability.

So that we can comply with Federal/State Equal Opportunity Employment record keeping requirements and other legal requirements, please complete this form.

This Pre-Employment Information will be kept in a confidential file separate from the Employment Application, and shall not be used making any hiring decision or any selection procedure.

Position Applied For: _____ Date: _____

Name: _____ Phone No: _____
Last First Middle (Maiden)

Address: _____
House No. and Street City State Zip

Birth date: _____ Age _____

Are You An U.S. Citizen? ____ Yes ____ No
If Not, Do You Possess An Alien (Work) Registration Card? ____ Yes ____ No

Race/Ethnic Group: ____ White ____ Black ____ Hispanic
____ American Indian/Alaskan Native ____ Asian/Pacific Islander

Sex: ____ Male ____ Female

Marital Status: ____ Single ____ Married ____ Other(explain) _____

Are You A Vietnam Veteran? ____ Yes ____ No Service: From _____ To _____

Are You A Disabled Veteran? ____ Yes ____ No V.A. Disability Rate: ____ %

How Were You Referred To Us: ____ Self ____ Friends ____ School
____ Employee ____ Workforce Development ____ Newspaper ____ City Web-Site
____ Other (please explain) _____

Signature