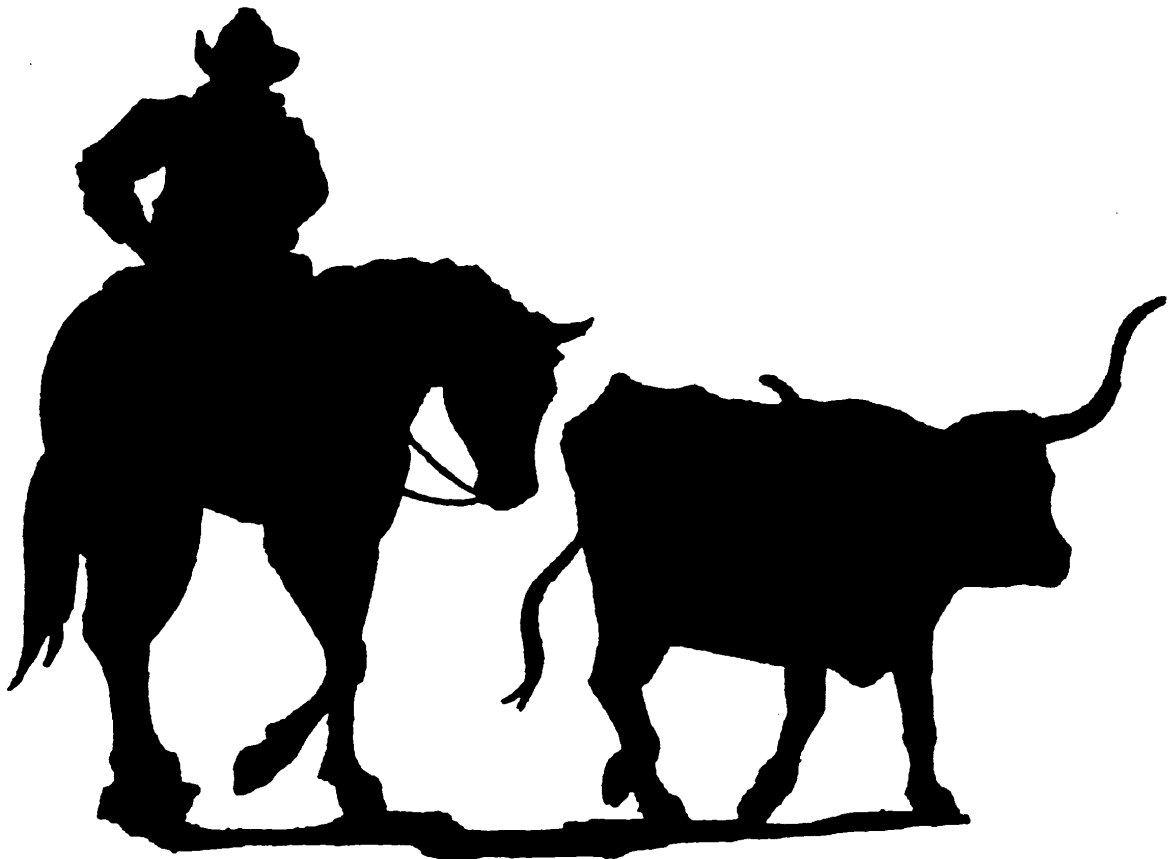


CITY OF OGALLALA

EMPLOYMENT APPLICATION



City of Ogallala, Nebraska
APPLICATION FOR EMPLOYMENT

POSITION:	
MINIMUM/MAXIMUM AGE REQUIREMENT:	
APPLICATION DEADLINE:	
DATE APPLICATION RECEIVED:	
APPLICATION RECEIVED BY: (signature)	
APPLICATION REVIEWED BY: (initials)	

Print name in full (*Last, First, Middle*) _____.

Address (*Street, City, State, Zip Code*) _____.

Telephone Number (*Home*) _____ (*Business*) _____.

Mailing address, if different from above _____.

PERSONAL DATA

Are you within the Minimum/Maximum Age Requirements shown above? _____.
If under the age of 18 years, please provide a "Certificate of Age" as required by § 570.5 of the Fair Labor Standards Act.

Name(s) of relative(s) employed by the City of Ogallala, if any. _____.

Have you ever been convicted of a criminal act (*traffic violations, juvenile offenses excluded*) ? _____.
If yes, explain. _____.

If under the age of 18 years, have you ever been convicted of a moving traffic violation? _____.
If yes, explain. _____.

REFERENCES

List three persons, other than relatives or past employers, who know you well enough to give information about you.

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL DATA

Circle highest
Grade Completed: Elementary 7 8 9 High School 10 11 12 College 1 2 3 4 Graduate School 1 2 3 4

High School _____.

College _____.

Course of Study _____ Degree _____.

Graduate School _____.

Course of Study _____ Degree _____.

MILITARY RECORD

Have you served in the U.S. Armed Forces? (circle one) YES NO

Number of years of active military service? _____ Branch _____
Type of discharge? _____

EMPLOYMENT HISTORY

Present or last employer _____
Employer's Address _____ Telephone _____
Employment dates: From _____ To _____ Salary/Wages : Start _____ Final _____
Position Title _____ Type of Work _____
Immediate Supervisor (name, title) _____
Reason for leaving? _____

Previous Employer _____
Employer's Address _____ Telephone _____
Employment dates: From _____ To _____ Salary/Wages : Start _____ Final _____
Position Title _____ Type of Work _____
Immediate Supervisor (name, title) _____
Reason for leaving? _____

Previous Employer _____
Employer's Address _____ Telephone _____
Employment dates: From _____ To _____ Salary/Wages : Start _____ Final _____
Position Title _____ Type of Work _____
Immediate Supervisor (name, title) _____
Reason for leaving? _____

Previous Employer _____
Employer's Address _____ Telephone _____
Employment dates: From _____ To _____ Salary/Wages : Start _____ Final _____
Position Title _____ Type of Work _____
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Employer's Address _____ Telephone _____
Employment dates: From _____ To _____ Salary/Wages : Start _____ Final _____
Position Title _____ Type of Work _____
Immediate Supervisor (name, title) _____
Reason for leaving? _____

Previous Employer _____
Employer's Address _____ Telephone _____
Employment dates: From _____ To _____ Salary/Wages : Start _____ Final _____
Position Title _____ Type of Work _____
Immediate Supervisor (name, title) _____
Reason for leaving? _____

May we contact your present employer concerning your work habits, qualifications, etc.? _____
If not, Why? _____

When would you be available to begin work? _____

OTHER TRAINING AND SKILLS

Specialized Training _____

Additional Skills _____

Licenses and/or Certificates _____

Other relevant information _____

You may include attach a summary or resume in lieu of above information, if necessary. You may use additional pages, if necessary.

NOTE:

Applications for employment will be kept on active file for a period of one (1) year. Applicants are responsible for informing the City of any changes in address or telephone number. As openings occur for which you may qualify, we will send a notice to the most recent address listed. Tests may be administered for certain positions as a condition of employment.

I hereby certify that all statements on this application are true and complete to the best of my knowledge and that any misrepresentation or withholding of facts or information will be cause of immediate rejection or dismissal.

Applicant Signature _____, Date _____