## CITY OF FORT CALHOUN

## Employment Application SOCIAL SECURITY NUMBER:

POSITION APPLIED FOR:
APPLICANT TELEPHONE:
SOCIAL OF CURITY AND INCOME.

Last	First			Middle	)		
DDRESS:		ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE LYESNO (Verification Required)				PLOYMENT IN THE U.S.A.?	
Provide a valid NEBRASKA Driver's LineCESSARY FOR THE JOB, ARE YOU OV WILL BE ABLE TO REPORT TO WORKYE Duty/Specialized Training:	icense ER 18	<ul><li>Work</li><li>Attend</li></ul>	FOR THE JO Hours outside overtime d Overnight Tr	BIAM ABLE TO: my normal shift aining	Ye:	s No	
EDUCATION:		Yrs. Completed Field of S		Field of Study	Graduate or Degree		
High School							
College/University					<u> </u>		
Business/Technical							
EFERENCES: List two personal references	ersonal references who are not relatives or fo						
		•	one	Occupation		Years know	
ame		•		Occupation Occupation		Years know Years know	
Iame  Imployment first. to this job are listed here  YesYes	Address  Address  Include summer or temporar e, in the summary (following to	Telepho Telepho y jobs. Be sure al his section), or us ntact your curre	one I your experier se an extra she	Occupation		Years know	
ame  MPLOYMENT: List last employment first. to this job are listed here Yes	Address  Address  Include summer or temporare, in the summary (following to the summary of the summary with the summary of the	Telepho Telepho y jobs. Be sure al his section), or us ntact your curre	one I your experier se an extra she	Occupation nce or employers related of paper if necess	Dates Emplo	Years know	
lame  MPLOYMENT: List last employment first. to this job are listed here	Address  Address  Include summer or temporare, in the summary (following to the summary of the s	Telepho Telepho y jobs. Be sure al his section), or us <b>ntact your curre</b> s	I your experier e an extra she nt employer?	Occupation nce or employers related of paper if necess	Dates Emplo	yed to eaving	

EMPLOYMENT CONTINUED Employer Name and Address	Position Title/Duties Skills		Dates Empl	oved
Employer Harne and Address	1 coldon may butter chaire		from	to
			Reason for	leaving
				.cag
	Supervisor's Name:	Telephone:		
Employer Name and Address	Position Title/Duties Skills		Dates Empl	oyed
			from	to
			Reason for	leaving
	Supervisor's Name:	Telephone:		
Summarize other employment related to	this job:		1	
Types of computers, other electronic or m	nechanical			
equipment that you are qualified to oper-	ate or repair:			
Professional Licenses, Certifications or  Additional skills including supervision skil				
regarding the career/occupation you wis				
In case of accident or illness please contact: Name:  Daytin				
Address:	Relationship:			
	our procedure for processing your employme any facts on this application, and are subsrom the checking of your references.			
	be required to: supply your birth certificate or of interest agreement and abide by its terms.	other proof of authorization to work in the	ne US, have a phys	sical examination
I understand and agree to the information	on shown above:			
Signature: Date:				
	e many employers are required by federal law ask your national origin, race and sex for pla application for employment.	_		
Employer Section:				