

DATE \_\_\_\_\_ APPLICANT INITIALS \_\_\_\_\_

# CITY OF SUTTON

APPLICATION FOR EMPLOYMENT

Phone #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Instructions:** It is the policy of the City of Sutton to provide equal opportunity with regard to all terms and conditions of employment. The City of Sutton complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

NAME \_\_\_\_\_  
(FIRST) (MI) (LAST)

Has the applicant at any time used any other names? If so, please list name and approximate dates of use.

\_\_\_\_\_  
(FIRST) (MI) (LAST) (DATES OF USE)

\_\_\_\_\_  
(FIRST) (MI) (LAST) (DATES OF USE)

CURRENT ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip)

EMAIL ADDRESS \_\_\_\_\_

For what position(s) are you applying? \_\_\_\_\_

EXPECTED PAY Hourly \_\_\_\_\_ Salary \_\_\_\_\_

Would you accept full-time work? Yes \_\_\_ No \_\_\_ Part-time work? Yes \_\_\_ No \_\_\_

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_ Dates: \_\_\_\_\_ No \_\_\_

If you are under 18 years old, can you provide a work permit, if required? Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law. Yes \_\_\_ No \_\_\_

I need more information about the job's "essential functions" to respond. Yes \_\_\_ No \_\_\_

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been fired or asked to resign from a job? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any special training or skills, including languages, machine operation, etc., that would be of benefit in the job for which you are making application.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_ No \_\_\_

Note: The City of Sutton uses the *E-Verify* system to validate employment eligibility. Proof of status will be required.

**EMPLOYMENT EXPERIENCE**

Place an X by the employer(s) you *do not* want us to contact. List the most recent employer first.

1. Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
(mm/yy) (mm/yy)  
 Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Work performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

2. Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
(mm/yy) (mm/yy)  
 Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Work performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

3. Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 (mm/yy) (mm/yy)  
 Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Work performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

4. Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 (mm/yy) (mm/yy)  
 Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Work performed \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

***U.S. Armed Forces Service*** (if applicable)

Branch \_\_\_\_\_ Dates of service: From \_\_\_\_\_ To \_\_\_\_\_  
(mm/yy) (mm/yy)

Highest Rank Attained: \_\_\_\_\_

Veterans Preference Claimed (including any veteran; or the defined spouse of a veteran who has a one hundred percent permanent disability as determined by the United States Department of Veterans Affairs, as defined in §48-225, Neb. Rev. Stat. )

Yes \_\_\_ No \_\_\_ Applicant's initials and date initialed \_\_\_\_\_

If Veterans Preference is claimed, a copy of the Department of Defense Form 214 must be submitted **with** this application.

***Educational Background***

High School:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ Years completed \_\_\_\_\_

Degree or diploma \_\_\_\_\_ Course of Study \_\_\_\_\_

College:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ Years completed \_\_\_\_\_

Degree or diploma \_\_\_\_\_ Course of Study \_\_\_\_\_

Graduate School:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ Years completed \_\_\_\_\_

Degree or diploma \_\_\_\_\_ Course of Study \_\_\_\_\_

Vocational Training - Other:

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ Years completed \_\_\_\_\_

Degree or diploma \_\_\_\_\_ Course of Study \_\_\_\_\_

Continuing Education: \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the City's rules and regulations, and I understand that these rules and/or the Employee Handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time by the City of Sutton.

I understand that no City of Sutton representative, other than the City Administrator, and then only when specifically authorized by the City Council and signed by the Mayor, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

This application, with any required attachments, must be submitted to and received by the application deadline to:

City Clerk  
107 W. Grove  
PO Box 430  
Sutton, NE 68979

Applicant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

DATE \_\_\_\_\_ APPLICANT INITIALS \_\_\_\_\_

For internal use:

Application received \_\_\_\_\_ Date of interview \_\_\_\_\_

Date position offered \_\_\_\_\_ Accepted? \_\_\_\_\_