

**APPLICATION FOR FULL TIME EMPLOYMENT****Date:** \_\_\_\_\_**PERSONAL INFORMATION**

Last Name

First Name

MI

Address

City

State

Zip

Telephone Number

Email Address

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

Are you employed now? Yes/No

If so, may we contact your present employer? Yes/No

Are you 18 years of age or older? Yes/No

Do you have a High School Diploma or GED? Yes/No

Are you eligible to work in the U.S.? Yes/No

Can you provide a Driver's License? Yes/No

Issuing State: \_\_\_\_\_ Type: \_\_\_\_\_

Have you been convicted of a felony? Yes/No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, Please explain;

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
College or University				
Trade, Business or Correspondence School				
Special Training or Certificates				

EMPLOYMENT EXPERIENCE				
Date Month/Year	Name and Address of Employer Phone and Email Address	Salary (upon leaving)	Position	Reason for Leaving

**REFERENCES List below three persons not related to you, whom you have known at least one year.**

Name	Address	Number Email Address	Relationship

**APPLICANT'S STATEMENT**

The City of Broken Bow is an equal opportunity employer. The City of Broken Bow does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The City of Broken to hire me. If I am hired, I understand that either The City of Broken Bow or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of The City of Broken Bow has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The City of Broken Bow true and complete information on this application. No requested information has been concealed. I authorize The City of Broken Bow to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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Signature of Applicant

Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview      Yes/No

Employed      Yes/No

Date of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_