

NAME

Last	First	Middle Initial
		Date

**City of Blue Hill
Employment Application**



PERSONAL INFORMATION

Street Address		City	State	Zip Code
Home Phone #	Cell Phone #	Work Phone #		
Social Security #	E-mail Address			
Name of someone who knows how to contact you if your address changes	Contact's Phone #			
	Contact's E-mail Address			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>				
Have you ever been convicted of a crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any friends or relatives who currently work for the City of Blue Hill? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate the individual(s) name and relationship.</i>				

POSITION INFORMATION

Position Desired	Minimum Acceptable Salary?	Date Available for Employment?
Would you like to work <input type="checkbox"/> Full-time? <input type="checkbox"/> Part-time?	Are you willing to work <input type="checkbox"/> Evenings? <input type="checkbox"/> Weekends?	
How long do you expect to work for the City of Blue Hill? (Please explain)	<input type="checkbox"/> Seasonal <input type="checkbox"/> 12 months <input type="checkbox"/> Permanently <input type="checkbox"/> Other	
How did you find out about this job opening? <input type="checkbox"/> Newspaper Ad (identify) _____ <input type="checkbox"/> Web Page (identify) _____ <input type="checkbox"/> Referral <input type="checkbox"/> Job Service <input type="checkbox"/> Other (Please Explain) _____		

EDUCATION – List most recent first (Use supplemental sheet if necessary)

Name of School, College or University	City, State	# years completed	Did you graduate?	Major / Degree	Year Earned

PROFESSIONAL & COMMUNITY INVOLVEMENT – List most relevant (Use supplemental sheet if necessary)

Name of Organization	Position or Type of Activity	Duration of Involvement From To	Awards/ Recognition Received	Reason for Ending Involvement

In the box below, please briefly indicate other information about your professional or academic background and career goals, which could be pertinent to an employment decision.

REFERENCES – Please list three professional references.

Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			

EMPLOYMENT HISTORY – List all employment including military and volunteer service **starting with the most current position held**. Show employment history for at least 10 years or from the time you left school. Explain gaps in employment history. You may attach a resume, **but you must complete the employment section**. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From:		To:	Position Title
Salary Start: \$	/Hour	Final: \$	/Hour
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From:		To:	Position Title
Salary Start: \$	/Hour	Final: \$	/Hour
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From:		To:	Position Title
Salary Start: \$	/Hour	Final: \$	/Hour
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From:		To:	Position Title
Salary Start: \$	/Hour	Final: \$	/Hour
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From:		To:	Position Title
Salary Start: \$	/Hour	Final: \$	/Hour
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____		Organization Name/Address	
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			

Per City of Blue Hill policy, background and criminal convictions checks will be conducted on the final candidate for any full-time or part-time position.

Return the signed application, and current résumé to:
City of Blue Hill
PO Box 277
Blue Hill, NE 68930

For more information, contact us:

Telephone: (402) 756-2056
Email: cityofbluehill@gtmc.net

PLEASE READ CAREFULLY AND SIGN - Upon the signing this application, I certify that the above statements are true and complete. I understand that any false information, misrepresentation or omissions in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I agree that all rules, orders, and regulations of the City of Blue Hill affecting my employment shall constitute a part of my appointment or employment. I further understand that the City of Blue Hill has the right to review my education, previous employment, and other background data.

Applicant's Signature _____ Date _____

NOTICE OF NONDISCRIMINATION - The City of Blue Hill does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability or status as disabled veteran or veteran of the Vietnam Era.