The Village of Fairmont
P.O. Box # 156—635 6<sup>th</sup> Ave. Fairmont, Nebraska 68354 Phone: (402) 268-3341 FAX: (402) 268-3311

Last Name	First Name	<del></del>	1,-141-1	
	· inde registry		Initial	
Address				l lais à Waltair
				Home Telephone
City, State, Zip				Message Telephone
Position Applied For				
				Salary Desired
Date Available	Hours Available			
	FULLTIME	PARTIME	☐ TEMPORARY	PERMANENT
Are you able to perform the esthe position you are applying accommodations?	ssential job functions of with or without reasonable NO		ired, will you be able YES. \( \square\) NO	to work overtime?
Education Informat	tion		· · · · · · · · · · · · · · · · · · ·	
School	Address		Major Studies	Degree, Diploma, License or Certificate (list type an
High School				
Vocation/Business/Other				
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College/university  College/university  Graduate  Other Special Knowledge, Sk	<b>MILITA</b> les □ No If yes, what	RY SERVIC	E RECORD	t, office skills, technical equipment or train
College/university  College/university  Graduate  Other Special Knowledge, Sk	<b>MILITA</b> les □ No If yes, what	RY SERVIC	E RECORD	t, office skills, technical equipment or train

## **Employment History** List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information. Most Recent Employer is this your current employer? $\square$ NO $\square$ YES May we contact this employer for references? NO YES Employed From Employed To Job Title Starting Salary **Ending Salary** Employer Name **Employer Addess** Supervisor's Name Supervisor's Phone Job Duties and Responsibilities Reason for Leaving **Next Most Recent Employer Employed From Employed To** Job Title Starting Salary **Ending Salary** Employer Name **Employer Addess** Supervisor's Name Supervisor's Phone Job Duties and Responsibilities Reason for Leaving **Next Most Recent Employer** Job Title **Employed From** Employed To Starting Salary **Ending Salary** Employer Addess Supervisor's Name Supervisor's Phone **Employer Name** Job Duties and Responsibilities Reason for Leaving **Next Most Recent Employer** Job Title **Ending Salary Employed From** Employed To Starting Salary **Employer Name** Employer Addess Supervisor's Name Supervisor's Phone Job Duties and Responsibilities Reason for Leaving

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o be notified in case of accident or emergency		
,	Relationship	
	( ) Telephone Numb	D <b>e</b> r
	State	Ži <sub>r</sub> j
Personal References		
Name:		
Address:		
Phone Number:		
Name:		
Occupation:		
Address:		
Phone Number:		<del></del> ,
Name:	·	
Occupation:		· . ·
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education, past employment his position. If employed I will provide	and correct. I authorize the Village of Fairmon story, and reference as needed to research my de original documents which verify my identity and dge that I have read and agree to the above stater	qualifications for the