

# EMPLOYMENT APPLICATION

Village of Fairmont  
PO Box 156, 635 6<sup>th</sup> Ave.  
Fairmont, NE 68354  
(402) 268-3341

## GENERAL INFORMATION

Last Name

First Name

Middle Name

Address

City/State/Zip Code

Phone Number

Position Applied For

Salary Desired

E-mail Address

Date Available

Hours Available

\_\_\_\_\_ Full-time

\_\_\_\_\_ Part-time

\_\_\_\_\_ Temporary

Are you able to perform the essential job functions of the position you are applying with or without reasonable accommodations: \_\_\_\_\_ Yes \_\_\_\_\_ No

If hired will you be able to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATION INFORMATION

**SCHOOL**

**ADDRESS**

**MAJOR STUDIES**

**DEGREE/DIPLOMA/LICENSE/CERTIFICATE**

High School

Vocation/Business/Other

College/University

College/University

Graduate

Other Special Knowledge, Skills or Qualifications (list any construction or manufacturing equipment, office skills, technical equipment or training)

**MILITARY SERVICE RECORD**

Were you in U. S. Armed Forces:  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Rank at Discharge \_\_\_\_\_

List duties in the service including special training: \_\_\_\_\_

**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:  Yes  No May we contact this employer for references?  Yes  No

Employed From	Employed To	Job Title	Starting Salary	Ending Salary
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Employer Name	Employer Address	Supervisor's Name	Supervisor's Phone #
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Job Duties and Responsibilities

Reason for Leaving

**Next Most Recent Employer:**

Employed From	Employed To	Job Title	Starting Salary	Ending Salary
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Employer Name	Employer Address	Supervisor's Name	Supervisor's Phone #
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Job Duties and Responsibilities

Reason for Leaving

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Employed From	Employed To	Job Title	Starting Salary	Ending Salary
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Employer Name	Employer Address	Supervisor's Name	Supervisor's Phone #
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Job Duties and Responsibilities

Reason for Leaving

If your application is considered favorably, on what date will you be available for work: \_\_\_\_\_

Person to be notified in case of accident or emergency:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City State Zip Code

**PERSONAL REFERENCES**

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The above information is true and correct. I authorize the Village of Fairmont to inquire into my education, past employment history and references as needed to research my qualifications for the position. If employed, I will provide original documents which verify my identity and right to work in the United States. I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date