

EMPLOYMENT APPLICATION

Village of Fairmont
PO Box 156, 635 6th 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

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

Next Most Recent Employer:

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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