Application for Employment

211 South Lincoln Street
Madison, NE 68748
(402)454-3412
www.madison-ne.com

(Please feel free to attach a resume and cover letter to this application)

Position Applied For: _____ Date: _____

APPLICANT INFORMATION

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Date available for work: _____ Are you under age 19? Yes ☐ No ☐ If yes, age: _____

Are you legally eligible for employment in the U.S.? Yes ☐ No ☐

Do you have a valid driver's license? Yes ☐ No ☐ State: _____ License #: _____

Have you previously worked for the City? Yes ☐ No ☐

If so, please give dates/positions: _____

Do you have any relatives working for the City of Madison? Yes ☐ No ☐

If yes, give names, positions and relationship: _____

EMPLOYMENT HISTORY **(Attach additional sheets if necessary)**

1. Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

Phone: _____ Dates Employed: From _____ To _____

Salary: _____

Responsibilities:

_____

_____

Reason for Leaving:

_____

_____

2. Employer: _____ Job Title:_____

Address: _____ Supervisor: _____

Phone: _____ Dates Employed: From _____ To _____

Salary: _____

Responsibilities:

_____

_____

Reason for Leaving:

_____

_____

3. Employer: _____ Job Title:_____

Address: _____ Supervisor: _____

Phone: _____ Dates Employed: From _____ To _____

Salary: _____

Responsibilities:

_____

_____

Reason for Leaving:

_____

_____

LICENSES AND CERTIFICATIONS

_____

_____

_____

EDUCATION & SKILLS (Attach additional sheets if necessary)

High School: _____ Location: _____

Dates attended: _____ To _____ Did you graduate? Yes ☐ No ☐

College: _____ Location: _____

Dates Attended: _____ To _____Degree: _____

Special Skills:

_____

Languages:

_____

REFERENCES

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

You May ☐

You May Not ☐

Contact my present employer

Employer Name: _____

Address: _____

City State Zip: _____

_____

You May ☐

You May Not ☐

Check all references and I hold them and you harmless for providing information.

Are You Claiming Veteran's Preference? Yes ☐ No ☐

If Yes, a copy of honorable discharge papers (Form DD214) must be attached to this application to be eligible. Veteran's Preference only applies when a qualified candidate obtains passing scores on all parts and phases of examination/interviews.

RELEASE

All the information listed by me on this application is true and correct to the best of my knowledge. I understand fully that any false and misleading statements may be cause for rejection of my application and/or if employed may be just cause for subsequent dismissal.

_____

(Applicant Signature)