## City of Lyons 335 Main St, PO Box 598 Lyons, NE 68038-0598 402-687-2485 Office Phone

## **Employment Application**

## EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

(PLEASE PRINT)		Date of Appl	ication	
N				
Name: Last First	Middle	So	cial Security Number:	
Molling Address				
Mailing Address: PO Box/Street Address	S	City	State	Zip
Cell Number:Area Code	Second	dary Phone Nun	nber:	
Position(s) Applied For:		Date You	Can Start:	
Referred By:		Salary Desire	ed:	
Are you under age 18? (Circle one) Yes	No			
Ever applied to this company before? (Circle one	e) Yes No	Where	V	When
Have you ever been employed here before? (Cir	cle one) Yes	No		
Are you employed now? (Circle one) Yes	No May	we contact your	r present employer? (Cir	rcle one) Yes No
Are you a United States Citizen? (Circle one) You (Proof of citizenship or immigration status may be rec		nt.)		
Are you available to work (Circle all that apply)	Full Time	Part Time	Temporary/Seas	onal
Have you ever been convicted of a crime? (Circle	le one) Yes	No		
If Yes, please explain				
MILITARY DUTY: Veteran of the U.S. military service? (Circle one)	) Yes No	If Yes, Branc	h	
Dates of Service: From:	_ To:	Туре	of Discharge:	
Primary Duties:				
Do you wish to claim Veteran's Preference in y	our employment sea	rch? (Circle one)	Yes No	

If yes, include documents showing you receive or are eligible to receive benefits from the U.S. Department of Veterans Affairs and a Form DD214 in order to verify entrance and separation dates, type of separation, and character of service. The spouse of a 100 percent disabled veteran may claim preference by providing a Form DD214, proof of disability, and a marriage certificate.

EDUCATION HISTORY:  Do you have a high school diploma or a GED certifica	ate? Yes No Year Completed:		
List high schools, colleges, military, trade, business or oth Name and Location of Institution You	ner schools attended. ears Attended Degree Received Course of Study (List Major)		
A			
3			
C			
D			
WORK EXPERIENCE / HISTORY List below your	last four (4) employers, starting with the most recent.		
a. Employer			
Address			
Telephone			
Job Title			
From (Month - Yr) and starting salary	To (Month - Yr) and ending Salary		
Supervisor's Name and Phone			
o. Employer			
Address_			
Telephone			
Job Title			
From (Month - Yr) and starting salary	To (Month - Yr) and ending Salary		
Supervisor's Name and Phone			
c. Employer	Duties:		
Address			
Telephone			
Job Title			
From (Month - Yr) and starting salary	To (Month - Yr) and ending Salary		
Supervisor's Name and Phone			
d. Employer	Duties:		
Address			
Telephone			
Job Title			
From (Month - Yr) and starting salary			
Supervisor's Name and Phone			

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special qualifications and skills acquired from employment, volunteering, or other experience.
<b>REFERENCES:</b> Give name, address, telephone number, and number of years known of three references who are not related to you and are not previous employers.
AUTHORIZATION STATEMENT
I certify that the information contained in this application is true and complete to the best of my knowledge and understand that, if employed falsified statements on this application shall be grounds for dismissal.
I understand that any material omissions and/or false information in this application, my resume, or any other materials, or during any interviews, will be justification for rejection of employment or, if employed, termination from the City's employ, without advance notice at any time. I hereby also agree to hold the City of Lyons harmless in divulging the information contained in the application form as well as any personal records developed as a result of employment with the City of Lyons.
I understand I am required to abide with mandatory drug and alcohol testing policies as a stipulation of employment for safety sensitive positions covered by the Federal Department of Transportation Regulations. Employees who test positive are subject to disciplinary action up to and including termination.
I understand that unless otherwise defined by applicable law, employees of the City of Lyons serve in an "at will" capacity and can be discharged either with or without cause. THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT.
This application must be signed and dated for consideration of employment.
APPLICANT'S SIGNATURE: DATE: