

APPLICATION FOR EMPLOYMENT
CITY OF RALSTON, NEBRASKA

EQUAL OPPORTUNITY EMPLOYER

--
Social Security Number

Last Name (Please Print) First Name (Please Print) Middle Initial

Street Address City State Zip Code

Home Phone Number Message or Work Number

Have you ever been employed by the City of Ralston? Yes No If yes, Dates: _____

MINIMUM QUALIFICATIONS:

EDUCATION:

Do you have a high school diploma or G.E.D.? Yes No

DRIVER'S LICENSE: An applicant must possess a valid current driver's license throughout the entire selection process.

Do you have a current valid driver's license? Yes No DL # _____

AMERICANS WITH DISABILITIES ACT SUPPLEMENT: READ BEFORE SIGNING

I have read the Application Supplement, which lists the essential functions for the position of the advertised position. I am able to perform these essential functions with or without reasonable accommodation as provided by the Americans with Disabilities Act.

(Applicant Signature)

(Date)

READ BEFORE SIGNING

I understand that any false information I record in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm or corporation to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records.

Sign here in ink: _____ Date: _____

APPLICATIONS MUST BE SIGNED AND DATED IN ORDER TO BE CONSIDERED

City of Ralston

Background/Personal History Statement

INSTRUCTIONS TO THE APPLICANT

The information in the Personal History Statement will be used in the investigation into your background to assist in determining your suitability for a position with the City of Ralston. Please fill out the questionnaire **completely** and **accurately**.

Keep in mind that:

- 1. All statements are subject to verification.**
- 2. Inaccuracies or omissions may bar or remove you from employment.**
- 3. You must account for all time periods in your background.**

It is to your advantage to respond openly. Any negative factors in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you have applied for.

Please print in **black ink** or type your responses. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use page 18 on this form and identify the additional information by the category.

When listing addresses, include: full street address, apartment numbers, City, State, and zip code. Include area codes with all phone numbers.

Your signature below indicates that you fully understand the procedures and responsibilities stated above. Failure to follow the above instructions, may result in a lower overall score.

Signature _____

Printed Name _____

Social Security Number _____

Personal History Statement

Name: Last/First/Middle		Social Security Number:	
Driver's License Number/State:	Home Telephone:	Work Telephone:	

References: List only persons you have known for at least six months. Do NOT list relatives, former employers, teachers, or doctors. List minimum of **six** references.

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:			
Business Name:		Business Address, City, State, Zip Code		Business Telephone:		Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:			
Business Name:		Business Address, City, State, Zip Code		Business Telephone:		Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:			
Business Name:		Business Address, City, State, Zip Code		Business Telephone:		Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:			
Business Name:		Business Address, City, State, Zip Code		Business Telephone:		Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:			
Business Name:		Business Address, City, State, Zip Code		Business Telephone:		Years Acquainted:	

Educational History: List all schools you attended, beginning with high school.

Name of School:	Address, City, State, Zip Code	Dates Attended		Type of Degree Attained:
		From:	To:	

Special Skills: List any abilities you feel would advance your performance in the job you have applied for, to include fluency in any languages.

Former Residences: List all of the addresses where you have lived in the last five (5) years. Begin with your present address and list backwards. Also list the companies or the individuals from whom you have rented or make payments to.

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Former Residences: Continued

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name	Rental/Mortgage Company Address, City, State, Zip Code		
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name	Rental/Mortgage Company Address, City, State, Zip Code		
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name	Rental/Mortgage Company Address, City, State, Zip Code		
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name	Rental/Mortgage Company Address, City, State, Zip Code		
Explain any late payments, judgments, or forfeiture of deposit(s):			

Former Residences: Continued

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Address, City, State, Zip Code		Date From MO/YR:	Date To MO/YR:
Rental/Mortgage Company or Person's Name		Rental/Mortgage Company Address, City, State, Zip Code	
Explain any late payments, judgments, or forfeiture of deposit(s):			

Employment History: List all employment you have ever had beginning with the most recent. Include military, full time, and part time employment. Include all periods of unemployment.

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: () Yes () No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: () Yes () No			
If No, please state why:			

Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: () Yes () No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: () Yes () No			
If No, please state why:			

Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: () Yes () No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: () Yes () No			
If No, please state why:			

Past Military History: List any current and past military experience/history. Start with your current assigned organization working backwards. Include all Reserve or National Guard time.

Branch:		Organization/HQ:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:		Phone:	
Duties:					
Commander:		Address, City, State Zip Code		Phone:	
First Line Supervisor:		Address, City, State Zip Code		Phone:	
List any disciplinary action received:					
List any commendations/awards:					
Type of Discharge:					

Branch:		Organization/HQ:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:		Phone:	
Duties:					
Commander:		Address, City, State Zip Code		Phone:	
First Line Supervisor:		Address, City, State Zip Code		Phone:	
List any disciplinary action received:					
List any commendations/awards:					
Type of Discharge:					

Criminal History: List all criminal arrests that you have ever had.

Charge:	Month	Year	City	County	State	Disposition:

Financial History:

Have you ever declared bankruptcy?	No:	Yes:	If yes, explain.
Have any of your bills been turned over to a collection agency?	No:	Yes:	If yes, explain.
Have you ever purchased goods that later were repossessed?	No:	Yes:	If yes, explain.
Have your wages ever been garnished?	No:	Yes:	If yes, explain.
Have you ever been delinquent on any income or state taxes?	No:	Yes:	If yes, explain.

Civil Lawsuits: List any suits in which you were a defendant, other than divorce related.

Incident:	Month	Year	City	County	State

Additional Questions:

Have you ever written an insufficient fund check you did not make good?	No:	Yes: If yes, list amount, who to, and date:
Have you ever tried marijuana, illegal drugs, or prescription drugs outside of doctors orders?	No:	Yes: If yes, name the substance, the frequency of use, dates of use, and last date used:
Have you ever pilfered money or property from an employer or stolen money or property from an employer or someone else?	No:	Yes: If yes, explain the circumstances, the item, and when:

I hereby certify that all of the above questions have been answered to the best of my knowledge. I also understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination.

Signature

Date