



**APPLICATION FOR EMPLOYMENT  
CITY OF RALSTON, NEBRASKA**

**EQUAL OPPORTUNITY EMPLOYER**

DATE \_\_\_\_\_

**Personal Information** (Please Print)

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Are you under age 19?  YES  NO If yes, age \_\_\_\_\_

Date available for work \_\_\_\_\_ Explain \_\_\_\_\_

Do you have a valid Driver's License?  YES  NO

License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Position Information:**

Position(s) applied for: \_\_\_\_\_

Have you previously worked for the City of Ralston?  YES  NO

If yes, please give dates/positions: \_\_\_\_\_

Do you have any relatives working for the City of Ralston?  YES  NO

If yes, give names, departments, and relationships. \_\_\_\_\_

**EDUCATION/TRAINING**

Please list below education and/or experience relating to position(s) applied for:

|                      | Name & Location | Did you graduate? | Degree/Diploma? | Courses of Study |
|----------------------|-----------------|-------------------|-----------------|------------------|
| High School:         |                 |                   |                 |                  |
| College:             |                 |                   |                 |                  |
| Vocational Training: |                 |                   |                 |                  |

Other (include licenses, certificates, etc.):

\_\_\_\_\_

**FOR CITY USE ONLY!**

THIS APPLICATION WAS RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



Are you legally eligible to work in the United States?  YES  NO

(Proof of citizenship or immigration status will be required upon employment.)

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You May

Contact my present employer:

You May Not

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**References:** (Other than family or employers)

Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Relationship: \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Relationship: \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Relationship: \_\_\_\_\_  
\_\_\_\_\_

You May

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

You May Not

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.

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.

I understand that if I am hired, my employment is at will, and I can be terminated according to the provisions of the City of Ralston's Personnel Manual. I understand that the City of Ralston will conduct pre-employment drug screens and background investigations for all positions and pre-employment physicals depending upon the position.

\_\_\_\_\_  
(Signature)

**This application will be kept on file for six months.**

## PRE-EMPLOYMENT INFORMATION

### WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, military status, age, marital status, or the presence of a non-job-related medical condition or handicap.

So that we can comply with Federal/State Equal Opportunity Employment recordkeeping requirements and other legal requirements, please complete this form.

This Pre-Employment Information will be detached and kept in a confidential file separate from the Employment Application, and shall not be used in making any hiring decision or any selection procedure.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip)

Birth Date: \_\_\_\_\_ Nearest Age: \_\_\_\_\_

Race/Ethnic Group:  Caucasian  Asian/Pacific Islander  
 Black  American Indian/Alaskan Native  
 Hispanic

Sex:  Male  Female

Are You a Veteran?  Yes  No Service: From \_\_\_\_\_ To \_\_\_\_\_

Are You a Disabled Veteran?  Yes  No VA Disability Rate: \_\_\_\_\_%

How were you referred to us?  Self  Friends  Online  Employment Agency  
 School  Employee  NE Job Service  
 News  Other (Please Explain) \_\_\_\_\_

\_\_\_\_\_  
(Signature)