

VILLAGE OF EAGLE

APPLICATION FOR EMPLOYMENT – SEASONAL DEPARTMENTS

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Present Address _____ City/State/Zip _____

Social Security Number _____ Phone Number _____

Are you 18 years of age or older? YES NO

Are you either a U.S. citizen or an alien authorized to work in the United States? YES NO

Have you been convicted of a felony within the last seven (7) years YES NO

If Yes, please explain (*Convictions will not necessarily disqualify an applicant from employment*)

EMPLOYMENT DESIRED

Position Applied For _____ Date You Can Start _____

Salary Desired _____

Are you currently employed: YES NO May we contact your present employer? YES NO

Have you ever been employed with us before? YES NO If yes, what dates _____

Referred by _____

EDUCATION

Highest level completed: Some HS HS/GED Associate Bachelor Master

Last High School attended _____ City/State _____

Last College attended _____ City/State _____ Major _____

Degree(s), if any _____

VILLAGE OF EAGLE

EXPERIENCE

Begin with your present or most recent employer first.

Employer _____ Job Title _____

Address _____ Phone Number _____

Employed From (MM/YY) _____ To (MM/YY) _____ Salary \$ _____ per _____

Hours worked per week _____ Supervisor's Name _____ May we contact? _____

Reason for leaving _____

Job Duties & Responsibilities _____

Employer _____ Job Title _____

Address _____ Phone Number _____

Employed From (MM/YY) _____ To (MM/YY) _____ Salary \$ _____ per _____

Hours worked per week _____ Supervisor's Name _____ May we contact? _____

Reason for leaving _____

Job Duties & Responsibilities _____

Employer _____ Job Title _____

Address _____ Phone Number _____

Employed From (MM/YY) _____ To (MM/YY) _____ Salary \$ _____ per _____

Hours worked per week _____ Supervisor's Name _____ May we contact? _____

Reason for leaving _____

Job Duties & Responsibilities _____

VILLAGE OF EAGLE

GENERAL INFORMATION

Military Experience _____

Special Training & Qualifications _____

References

Give the names of three persons not related to you, whom you have known for at least one year.

	Name	Phone	Business	Years Acquainted
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Village of Eagle is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by and written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Village of Eagle.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I must complete the Employment Eligibility Verification Form I-9 by the end of the first day of employment and present required documentation establishing identity and employment eligibility by the end of the third day of employment. I understand, also, that I am required to abide by all laws, rules, and regulations of the Village of Eagle and the State of Nebraska.

Applicant's Signature

Date