



**VILLAGE OF EAGLE**  
747 South 2nd Street, PO Box 130  
Eagle, NE 68347  
Phone: 402-781-2748 | Fax: 402-781-2775  
www.eaglene.gov

## Application For Employment - Seasonal Departments

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Present Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you 18 years of age or older?      YES      NO

Are you either a United States 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*)

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### EMPLOYMENT DESIRED

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

Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed?      YES      NO      May we contact your current 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      Associates      Bachelors      Masters

Last High School attended: \_\_\_\_\_

City/State: \_\_\_\_\_ Graduation year: \_\_\_\_\_

Last College attended: \_\_\_\_\_

City/State: \_\_\_\_\_ Major: \_\_\_\_\_

Degree(s), if any: \_\_\_\_\_ Year: \_\_\_\_\_

**EXPERIENCE** (Begin with your present or most recent employer first)

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed from (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Supervisor name: \_\_\_\_\_

May we contact? YES NO Reason for leaving? \_\_\_\_\_

## Job duties &amp; Responsibilities:

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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed from (MM/YY): \_\_\_\_\_ To (MM/YY): \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Supervisor name: \_\_\_\_\_

May we contact? YES NO Reason for leaving? \_\_\_\_\_

## Job duties &amp; Responsibilities:

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Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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Hours worked per week: \_\_\_\_\_ Supervisor name: \_\_\_\_\_

May we contact? YES NO Reason for leaving? \_\_\_\_\_

## Job duties &amp; Responsibilities:

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## GENERAL INFORMATION

Military Experience: \_\_\_\_\_

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Special training & Qualifications: \_\_\_\_\_

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## REFERENCES

List (3) three individuals not related to you, whom you have known for at least (1) 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 any 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.

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(Applicant's Signature)

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(Date)