

Application For Employment - Public Works Department

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Last Name:	First	t 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 citize	n or an alien authorized to	work in the United Sta	ites? YES	NO
Have you been convicted of a felony	/ within the last seven (7) y	/ears? YES	NO	
If Yes, please explain (Convictions v	vill not necessarily disqual	ify an applicant from e	mployment)	
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EMPLOYMENT DESIRED				
Position Applied For:				
Date you can start:	Salary	Desired:		
Are you currently employed? YE	S NO May	we contact your curre	nt employer? YES	S NO
Have you ever been employed with	us before? YES	NO If YES, wh	at dates?	
Referred by:				
EDUCATION				
Highest level completed: Some F	IS HS/GED	Associates	Bachelors	Masters
Last High School attended:				
City/State:	Graduation year:	· · · · · · · · · · · · · · · · · · ·		
Last College attended:				
City/State:	Major:	_		
Degree(s), if any:			Ye	ear:

Employer:		Job Title: Phone:		
Address:				
Employed from (MM/YY):		To (MM/YY):	Salary \$	per
Hours worked per week:	_ Supervi	sor name:		
May we contact? YES	NO	Reason for leaving?		
Job duties & Responsibilities:				
Employer:			Job Title:	
Address:			Phone:	
Employed from (MM/YY):		To (MM/YY):	Salary \$	per
Hours worked per week:	Superv	visor name:		
May we contact? YES	NO	Reason for leaving?		
Job duties & Responsibilities:				
Employer:			Job Title:	
Address:			Phone:	
Employed from (MM/YY):		To (MM/YY):	Salary \$	per
Hours worked per week:	Superv	visor name:		
May we contact? YES	NO	Reason for leaving?		
Job duties & Responsibilities:				
	 			

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

GENERAL INFORMATION
Military Experience:
Special Training & Qualifications:
Check all applicable special skills:
NE Water Operator's License (specify grade)
NE Wastewater Treatment Operator's License (specify class)
CDL (specify class)
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 wit 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 that 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 fir 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

Supplemental Questionnaire

Date:			
Printed name: _.		 	
Signature:			

PUBLIC WORKS DEPARTMENT

PLEASE READ BEFORE COMPLETEING

The following information you provide on this form will be used to further evaluate your training and experience as it relates to the position for which you are applying. This questionnaire is a supplement to your application and is made a part thereof.

PURPOSE STATEMENT

The job of public works is best described as keeping property and/or equipment in good working condition by making necessary repairs in a timely order. Public works personnel must be capable of performing various skilled and unskilled tasks to maintain proper operation of the Village water and sewer systems, including the wastewater treatment plant. Additionally, individuals are responsible for all Village infrastructure, i.e., streets, parks, municipal buildings, swimming pool, and any other municipal facilities. Positions are directly accountable to the Village Board and are compensated on an hourly basis upon the employee's ability to handle the various tasks. Heavy manual labor and inclement weather will sometimes be associated with this position.

PUBLIC WORKS

1.		Γhis position is primarily full-time, Monday through Friday, from 7:00am to 4:00pm, with occasional weekend and on-cal nours. Are you available during all hours?				
		YES	NO			
2.	Do	you have e	xperience in a variety of maintenance, repair and construction activities and in facilities maintenance?			
		YES	NO			
		If YES to q	uestion 2, please list employer(s) and how long you performed theses duties:			
3.	Do	you have e	xperience in electrical and mechanical maintenance?			
		YES	NO			
		If YES to q	uestion 3, please list employer(s) and how long you performed theses duties:			
4.	Do	you have c	ertification or have you received technical training as a maintenance mechanic or technician?			
		YES	NO			
		If YES to q	uestion 4, list where you received your technical training and/or certification:			

WATER / WASTEWATER

١.	Do you have a	a current Nebraska water Operator's License?
	YES	NO
2.	Do you have a	a current Nebraska Sewers Operator's License?
	YES	NO
3.	If you answere licenses?	ed NO to questions 1 and 2, would you be willing to take the necessary training courses to obtain said
	YES	NO
4.	Do you have p	past experience operating a water distribution system?
	YES	NO
5.	Do you have p	past experience operating a wastewater treatment facility?
	YES	NO
3.	If you answere	ed YES to questions 4 or 5 above, please list employer(s) and how long you preformed these duties:
7.	If you answere	ed YES to questions 4 or 5 above, please describe your work experience:

GENERAL

1.	Are you legally	Are you legally licensed to operate a motor vehicle in the State of Nebraska?				
	YES	NO				
2.	If you answere	ed YES to the question above, please provide motor vehicle operators license number and expiration date:				
	License Number	er: Expiration Date:				
3.	Do you have e	experience in snow removal, i.e. plowing snow or treating streets?				
	YES	NO				
4.	This job requires some heavy lifting. Are you able to lift over 100 pounds?					
	YES	NO				
5.	Do you have any restrictions on lifting?					
	YES	NO				
6.	Do you have any general plumbing experience?					
	YES	NO				
6.	Do you have any general electrical experience?					
	YES	NO				
6.	Do you have any general computer experience?					
	YES	NO				
7.	If you answere	ed YES to any of the questions listed above, please describe your work experience:				