

City of Broken Bow
Public Works Authority
Kulli Chito Environmental Authority
APPLICATION FOR EMPLOYMENT
 Must be completed in blue or black ink.

ALL AREAS MUST BE COMPLETED

Personal				
Name Last _____		First _____		Middle Initial _____
Phone _____		Social Security # _____		
Present Address _____				
Number		Street		City
			State	Zip
Position Applied For: _____				

Have you ever been convicted of a felony offense within the past 10 years EXCEPT any conviction that has been expunged, sealed, or otherwise overturned or is part of juvenile record? Yes ___ No ___ If yes, please explain. A conviction will not automatically bar an applicant from employment consideration. _____

Are you legally authorized to work in the United States? Yes ___ No ___
 Would you work Full time ___ Part time ___ Temporary ___
 What shifts are you willing to work? Day Evening Night All (circle all that apply)
 Have you ever worked for the the City of Broken Bow or an associated trust thereof? Yes ___ No ___ If
 yes, when and what position? _____

EMPLOYMENT HISTORY
 List each job held, beginning with current or most recent, including military service. Add additional page if necessary.

If no employment history put N/A.

Employer _____	Job Title/Work Performed	Employed	
Address _____ _____		From Date MO/YR	To Date MO/YR
Supervisor _____		Hourly Rate/Salary (Final)	
Phone # _____			
Reason for leaving _____			

Employer _____	Job Title/Work Performed	Employed	
Address _____ _____		From Date MO/YR	To Date MO/YR
Supervisor _____		Hourly Rate/Salary (Final)	
Phone # _____			
Reason for leaving _____			

Employer _____	Job Title/Work Performed	Employed	
Address _____ _____		From Date MO/YR	To Date MO/YR
Supervisor _____		Hourly Rate/Salary (Final)	
Phone # _____			
Reason for leaving _____			

EDUCATION AND TRAINING

School Name	Location (City & State)	Graduated?
High School:		
College/University:		
Other:		

Are you known to schools/refernces by another name? Yes ___ No ___ If yes, by what name? _____

E-mail address _____

If hired when could you start work? _____

Are any friends or relatives employed by us? Yes ___ No ___ If yes, please list.

Name	_____	Relationship	_____	Dept	_____
Name	_____	Relationship	_____	Dept	_____
Name	_____	Relationship	_____	Dept	_____

Summary of skills specific to position for which you are applying

Please read before signing this application

I understand that my employment is contingent upon satisfactory backgrounds reports. Any omission or misrepresentation of information on this application is reason for immediate dismissal. I herby authorize the City or Trust to inquire of each of my former employers, refernces, and all other persons having information concerning me, to disclose to the City or Trust my full employment record and any other information they may have concerning me. I further hereby authorize the City or Trust to disclose to any person with whom I may hereafter seek employment, my full personnel record, including the reason for termination, or any other information it may have concerning me, and hereby release the City or Trust from any and all liability for such disclosure.

I understand that this application and any other City or Trust documents are not contracts of employment, and that any individual who is hired may voluntarily leave upon proper notice, and may be terminated by the City or Trust at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee or contractor. I also understand that employment with the City of Broken Bow and any associated Trust shall be an employment at will, and no terms, policies, procedures, or rules of employment are guaranteed.

I acknowledge that I have been advised that this application will remain active for not more than 6 months from the date it was made. This certifies that I agree with the above information and that all entries on this application and all related forms are true and complete to the best of my knowledge.

Applicants Signature _____

Date _____