

APPLICATION FOR EMPLOYMENT-Non Salaried Position  
CITY OF RALSTON, NEBRASKA

EQUAL OPPORTUNITY EMPLOYER

Position Applied For (One application per position required) \_\_\_\_\_

\_\_\_\_\_  
Last Name (Please Print) First Name (Please Print) Middle Initial

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Home Phone Number Message or Work Number

Have you ever been employed by the City of Ralston?  YES  No If yes, Dates: \_\_\_\_\_

**MINIMUM QUALIFICATIONS:**

**EDUCATION:** Do you have a high school diploma or G.E.D.?  Yes  No

**DRIVER'S LICENSE:** An applicant must possess a valid current driver's license throughout the entire selection process.

Do you have a current valid driver's license?  Yes  No DL # \_\_\_\_\_

**AMERICANS WITH DISABILITIES ACT SUPPLEMENT: READ BEFORE SIGNING**

I have understand the job functions of this position. I am able to perform these essential functions with or without reasonable accommodation as provided by the Americans with Disabilities Act.

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

\_\_\_\_\_  
(Date)

**VETERANS PREFERENCE:**

I  **AM**  **AM NOT** (circle one) a veteran and I  **DO**  **DO NOT** (circle one) qualify for preference. Attach DD214 if preference is requested.

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

\_\_\_\_\_  
(Date)

**READ BEFORE SIGNING**

I understand that any false information I record in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm or corporation to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records.

Sign here in ink: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATIONS MUST BE SIGNED AND DATED IN ORDER TO BE CONSIDERED**

# ***City of Ralston***

## **Background/Personal History Statement**

### **INSTRUCTIONS TO THE APPLICANT**

The information in the Personal History Statement will be used in the investigation into your background to assist in determining your suitability for a position with the City of Ralston. Please fill out the questionnaire **completely** and **accurately**.

**Keep in mind that:**

- 1. All statements are subject to verification.**
- 2. Inaccuracies or omissions may bar or remove you from employment.**
- 3. You must account for all time periods in your background.**

It is to your advantage to respond openly. Any negative factors in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you have applied for.

Please print or type your responses. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer.

**When listing addresses, include: full street address, apartment numbers, City, State, and zip code. Include area codes with all phone numbers.**

**Certification:**

I certify that all information I have provided in order to apply for and secure work with the City of Ralston is true, complete, and correct.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of their application or immediate discharge from the City of Ralston's service, whenever it is discovered. I give the City of Ralston the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application, resume, or job interview. I hereby release from liability the City of Ralston and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

I understand that the City of Ralston may conduct pre-employment physicals (which may include a drug screen), psychological exams, and background investigations depending upon the position being applied for.

If I am hired, I understand that this application does not constitute an agreement or contract for employment for any specified period of time. I understand that I am free to resign at any time, with or without cause and without prior notice, and the City of Ralston reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

I understand that this application remains current for only six (6) months. At the conclusion of that time, if I have not heard from the City of Ralston and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand it is the City of Ralston's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. The City of Ralston does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing my application from consideration for employment on a basis prohibited by local, state, or federal law.

I also understand that if I am hired, I will be required to provide proof of identify and legal work authorization.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

**Your signature below indicates that you fully understand the procedures and responsibilities stated above.**

Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

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

# Personal History Statement

Name: Last/First/Middle	Social Security Number:	Date:
Email Address:		

What is the best time to call you? \_\_\_\_\_ a.m. p.m.

If you are under 18 years of age and it is required, can you furnish a work permit? YES NO

If no, please explain. \_\_\_\_\_

Do you have any relatives currently employed by the City of Ralston? YES NO

If yes, please state name and relationship. \_\_\_\_\_

Are you legally eligible for employment in this country? YES NO

When are you available for work? Date: \_\_\_\_\_

Is there any other name we should be aware of in order to adequately check your employment or education history? YES NO

If yes, please state name. \_\_\_\_\_

Type of Employment:  Full Time  Part-Time  Temporary  Seasonal  Intern

Are you able to meet the attendance requirements of the position? YES NO

**References:** List only persons you have known for at least six months. Do NOT list relatives, former employers, teachers, or doctors. List minimum of **three** references.

Name: Last/First Middle	Home Address, City, State Zip Code:	Home Telephone:	
Business Name:	Business Address, City, State, Zip Code	Business Telephone:	Years Acquainted:

Name: Last/First Middle	Home Address, City, State Zip Code:	Home Telephone:	
Business Name:	Business Address, City, State, Zip Code	Business Telephone:	Years Acquainted:

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:		Business Address, City, State, Zip Code		Business Telephone:	
				Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:		Business Address, City, State, Zip Code		Business Telephone:	
				Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:		Business Address, City, State, Zip Code		Business Telephone:	
				Years Acquainted:	

Name: Last/First Middle		Home Address, City, State Zip Code:		Home Telephone:	
Business Name:		Business Address, City, State, Zip Code		Business Telephone:	
				Years Acquainted:	

**Educational History:** List all schools you attended, beginning with high school.

Name of School:	Address, City, State, Zip Code	Dates Attended		Type of Degree Attained:
		From:	To:	

**Special Skills:** List any abilities you feel would advance your performance in the job you have applied for, to include fluency in any languages.

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**Employment History:** List all employment you have ever had in the past seven (7) years, beginning with the most recent. Include military, full time, and part time employment. Include all periods of unemployment.

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

## Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

# Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			



# Employment History: Continued

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

Business Name:		Address, City, State, Zip Code	
From MO/YR:	To MO/YR:	Position Held:	Phone:
Duties:			
Supervisor:		Co-Worker	
List any disciplinary action received:			
Reason for leaving employment:			
If Currently Employed, May we contact your current employer: ( ) Yes ( ) No			
If No, please state why:			

**Financial History (NOTE: Only for Cash Handling Positions):**

Have you ever declared bankruptcy?	No:	Yes:	If yes, explain.
Have any of your bills been turned over to a collection agency?	No:	Yes:	If yes, explain.
Have you ever purchased goods that later were repossessed?	No:	Yes:	If yes, explain.
Have your wages ever been garnished?	No:	Yes:	If yes, explain.
Have you ever been delinquent on any income or state taxes?	No:	Yes:	If yes, explain.

**Additional Questions:**

Have you ever written an insufficient fund check you did not make good?	No:	Yes: If yes, list amount, who to, and date:
Have you ever pilfered money or property from an employer or stolen money or property from an employer or someone else?	No:	Yes: If yes, explain the circumstances, the item, and when:

**I hereby certify that all of the above questions have been answered to the best of my knowledge. I also understand that any false answers, omissions, or deceptions may be the basis for my rejection or termination.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date