113 West E Street, PO Box 62 Elmwood, Nebraska 68349 (402) 994 – 6705 phone | fax villageofelmwood@msn.com

Employment Application Form

PLEASE COMPLETE PAGES 1-3.			DATE			
Name						
First	Middle		Last			
Present address						
	Number	Street	City	State	Zip	
How long at current ac	ddress					
Telephone ()						
Are you currently author	orized to work in the Uni	ted States?Y	ESNO	D. Proof	of eligibility w	vill be required if hired.
Position applied for (1)and wage desired (Be specific)			No Pr Mon Tue	ref	ilable to work Thur Fri Sat Sun	
How many hours can y	ou work weekly?					
Employment desired	□FULL-TIME ONL	Y □PART-1	TIME ONLY	□ТІ	EMPORARY/	CONTRACT
	e to start work?					
Ž						
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NU	MBER O	F YEARS	MAJOR &
TT: 1 G 1 1			CO	MPLETE	ED	DEGREE
High School						
College						
D						
Bus. or Trade School						
Professional School						
Have you ever been co from employment.) If Military	nvicted of a crime? uges, explain:	No 🛚 Yes (A	A Conviction	record w	ill not necessa	rily disqualify you
HAVE YOU EVER BI	EEN IN THE ARMED FO	ORCES?	Yes □ No			
ARE YOU NOW A M	EMBER in the ARMED	FORCES?	Yes □ No			
Specialty		Date Enter	ed		Discharge l	Date

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APPLICATION FOR EMPLOYMENT						
Please list your work experience for the beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets or resume' if necessary.						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code		From	Start			
Phone number		То	Final			
		10	Tillai			
	Your last job title					
Reason for leaving (be specific)						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
r none number		То	Final			
	Your Last Job Title					
Reason for leaving (be specific)						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
Phone number		То	Final			
	Your last job title	1				
Reason for leaving (be specific)						
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
Phone number		То	Final			
	Your last job title	1				
, ,						
Reason for leaving (be specific)						

May we contact your present employer?	☐ Yes ☐ No		
After reviewing the attached job description	, please indicate if you are	able to perform the	e essential functions of the job for
which you have applied, with or without a re-	easonable accommodation	Yes	No.

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PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest

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Applicant Signature	Print	Date