

**City of Bridgeport**  
**Equal Employment Opportunity Employer**  
**Application for Employment**

**This application is good for six (6) months or until the position is filled.**

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City of Bridgeport assures equal employment opportunity to applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, age, marital status, pregnancy, mental or physical disability, genetic information, religion, military status, or any other prohibited basis of discrimination, as provided under applicable state and federal law. This position will be subject to Veteran's Preference per Nebraska law.

**FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.**

Type of Work Desired (CHECK ALL THAT APPLY):

Full-Time  Part-Time  Regular  Temporary

Have you ever been employed here before?  Yes  No If yes, give date: \_\_\_\_\_

Have you filed an application here before?  Yes  No If yes, give date: \_\_\_\_\_

Applicant's Name (Last, First, Middle Initial): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

How did you learn about the job you have applied for? (Be specific as to the source.) \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired if you receive an offer of employment.

Have you ever been convicted of, pleaded guilty to, pleaded no contest or nolo contendere to, been paroled for, received probation or deferred judgment for, or received a suspended imposition/execution of sentence or judgment for any felony or misdemeanor (other than a minor traffic violation) in any jurisdiction?  Yes  No

Do you have any pending criminal charges in any jurisdiction (other than a minor traffic violation) that have not yet been fully resolved or disposed of?  Yes  No

If yes to either question, please provide details (date, jurisdiction, crime involved, disposition, current status, etc.): \_\_\_\_\_

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**(Conviction or pending arrest will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction or pending arrest to the job will all be considered.)**

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List below the positions you have held, starting with your present employment. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Under "Specific Duties," describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers. Volunteer, military, or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If you need more space, attach a separate sheet of paper. Please exclude organization names that indicate, for example, race, color, religion, sex, disability, or national origin.

<b>Employment Information</b>		<b>Description of Duties</b>	
Employer/Kind of Business		Position Title	
Street Address		Specific Duties	
Immediate Supervisor/Title		Telephone Number	
Dates of Employment (Month/Year) From: _____ To: _____		Hourly Rate/Salary Starting: _____	Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>			
Reason for Leaving			
<b>Employment Information</b>		<b>Description of Duties</b>	
Employer/Kind of Business		Position Title	
Street Address		Specific Duties	
Immediate Supervisor/Title		Telephone Number	
Dates of Employment (Month/Year) From: _____ To: _____		Hourly Rate/Salary Starting: _____	Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>			
Reason for Leaving			
<b>Employment Information</b>		<b>Description of Duties</b>	
Employer/Kind of Business		Position Title	
Street Address		Specific Duties	
Immediate Supervisor/Title		Telephone Number	
Dates of Employment (Month/Year) From: _____ To: _____		Hourly Rate/Salary Starting: _____	Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>			
Reason for Leaving			

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Street Address		Specific Duties	
Immediate Supervisor/Title		Telephone Number	
Dates of Employment (Month/Year) From: _____ To: _____		Hourly Rate/Salary Starting: _____	Final: _____
Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/>			
Reason for Leaving			

### **EDUCATION/SKILLS RECORD**

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

**Circle Highest Grade Completed:** **6 7 8 9 10 11 12**

**College:** **1 2 3 4 5**  **Did You Graduate?**  **Yes**  **No**

Post- High School	Name of School	From	To	Major	Degree Type
College/University					
Graduate School					

If required by the job you have applied for, have you had training/course work or experience in (please check those that apply):

<input type="checkbox"/> Municipal Budgets	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Outlook
<input type="checkbox"/> Management	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Adobe PDF	<input type="checkbox"/> Employment Law

Please list any other types of equipment you can operate or skills you possess, which you feel would be an asset in the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **LICENSES AND CERTIFICATES**

If a license, certificate, or other authorization to practice a trade or profession is required for the position for which you are applying, complete the following questions:

Name of Trade or Profession	License Number		
Granted by	City and/or State		
Specialty	Licensed	From:	To:

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## **COVER LETTER, RESUME, AND REFERENCES**

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Please attach hereto as part of this Application a **Cover Letter** of no more than one (1) page in length setting forth your rationale for seeking this position, and your desired goals if you were to be hired for said position.

Please attach hereto as part of this Application a **Resume** of no more than one (1) page in length setting forth any additional information that you wish the City to consider in evaluating your fitness for this position.

Please attach hereto a list of **References** of up to five (5) people who are in a position to comment upon your abilities for this position. Please include the name, address, and telephone number of each individual. Individuals may be contacted by the City.

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## APPLICANT'S STATEMENT

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These answers are true and complete to the best of my knowledge. I understand that any false, omitted, or misleading information in connection with this application or during the interview process will result in rejection of my application or termination of my employment if I am hired, regardless of when discovered.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the City to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required, depending upon City policy. I authorize the City to make a thorough investigation of my past employment, education, criminal history, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this City against any liability that might result from making such investigation.

Additionally, I authorize the City to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the City deems appropriate.

**Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between City of Bridgeport and myself for either employment or for the providing of any benefit arising from employment. No promises regarding employment have been made to me. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and City of Bridgeport retains the same right, regardless of any oral representations to the contrary. Any changes in this “at will” employment relationship must be made in writing and approved by the City Council.**

**SIGN  
HERE**

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Applicant's Signature

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Date

**NOTE: UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**