

City of Bridgeport, Nebraska Application for Employment

The City of Bridgeport is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please print or write legibly in ink. Fill in all blanks completely.

POSITION APPLIED FOR:		DATE OF APPLICATION:
Last Name	First Name	Middle Initial
Address:	City and State	Zip
Telephone: Home	Cell	Work/Business

APPLICANT INFORMATION:

Do you have a valid driver's license	<input type="checkbox"/> Yes <input type="checkbox"/> No	License No.	State	Exp. date
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of citizenship or immigration status will be required upon employment)</i>				
*Have you ever been employed with the City of Bridgeport before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give date: _____ What Department? _____				
*Have you ever been convicted of a misdemeanor or felony in civilian or military courts? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Conviction will not necessarily disqualify an applicant from employment.)</i>				
Have you ever been dismissed from employment for misconduct, or have you ever resigned on request to avoid discharge? Please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you related to anyone employed by the City of Bridgeport? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, Name of relative: _____ Department: _____				
Date you can start:		Salary Desired:		

EDUCATIONAL BACKGROUND:

School Name and Location	High School or GED				Undergraduate College/University				Graduate/ Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
Diploma/Degree												
Major and Minor Subjects												
List Licenses, Professional Registration or other Recognition:												
List Special Skills or qualifications:												

MILITARY: Complete this section if you served in the U.S. Armed Forces:

Branch of Service	Duties and special training:
Period of Active Duty:	Rank at Discharge:
From _____ To _____	Type of Discharge:
Are You Claiming Veteran's Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a copy of honorable discharge papers, (form DD214) must be attached to this application to be eligible. Veteran's Preference only applies when a qualified candidate obtains passing scores on all parts and phases of examination/interviews.	

For City use only!

This application was received by: _____ Date _____

EMPLOYMENT EXPERIENCE:

Start with your present or most recent position for a period of 10 years including any military service and complete the below information fully. If you need additional space, please continue on a separate sheet of paper.

Application should be fully completed, without reference to attached resume. In addition, you may include a resume.

Name of Employer:	Dates Employed (Month & Year)		Salary Rate:	
	From:	To:	Total:	Starting: End:
Address:	Name of Supervisor:		Your Position:	
City State Zip	Describe your duties:			
Telephone Number:				
Reason for Leaving:				

Name of Employer:	Dates Employed (Month & Year)		Salary Rate:	
	From:	To:	Total:	Starting: End:
Address:	Name of Supervisor:		Your Position:	
City State Zip	Describe your duties:			
Telephone Number:				
Reason for Leaving:				

Name of Employer:	Dates Employed (Month & Year)		Salary Rate:	
	From:	To:	Total:	Starting: End:
Address:	Name of Supervisor:		Your Position:	
City State Zip	Describe your duties:			
Telephone Number:				
Reason for Leaving:				

Name of Employer:	Dates Employed (Month & Year)		Salary Rate:	
	From:	To:	Total:	Starting: End:
Address:	Name of Supervisor:		Your Position:	
City State Zip	Describe your duties:			
Telephone Number:				
Reason for Leaving:				

REFERENCES: List three references who are neither related to you nor a former employer.

Name	Address (City, State, Zip)	Telephone Number	Years Known

APPLICANT'S STATEMENT: (Read carefully before signing)

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize a complete background investigation, including but not limited to all statements contained in the application for employment as may be necessary in arriving at an employment decision. If I am employed by the City based on this application, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that if I am hired, my employment is at will, and I can be terminated according to the provisions of the City of Bridgeport's Personnel Manual.

Signed: _____ Date: _____

FAIR CREDIT REPORT ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

As an applicant for employment or a current employee of the City of Bridgeport, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exists, the City of Bridgeport may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application for employment, (2) when making a decision to offer you employment, (3) when deciding whether to continue your employment (if you are hired), or (4) when making other employment-related decisions directly affecting you.

For explanation purposes, a “consumer reporting agency” is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as the City of Bridgeport.

A “consumer report” means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An “investigative consumer report” means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with other with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigative requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize the City of Bridgeport to obtain a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at the City of Bridgeport. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Name

Date

**CITY OF BRIDGEPORT
EMPLOYMENT REFERENCE CHECK**

I _____ authorize the City of Bridgeport to check previous employment and/or personal references listed on my application and/or resume. I also give my consent to the City of Bridgeport to obtain the following:

- Records of educational institutions that I have attended;
- Driving record and civil and criminal history records;
- Employment records from previous employers to include evaluations, disciplinary history, complaints or grievances filed by or against me;
- Pre-employment records from prospective employers;
- A consumer report that might show financial and credit information, including credit reports and ratings; records from Financial Institutions to include loan performance, loan officer notes and financial statements, understanding that I have rights under the Fair Credit Reporting Act.
- Any information from Counsel who have represented me in civil or criminal cases and I specifically waive the attorney client privilege in that regard.

The above records may be obtained through a variety of agencies/sources, including the internet.

Signature _____ Address _____ Date _____
(Including maiden name)

Social Security # _ _ - _ - _ _ _ _ _ Phone Number _____

Most recent or current Employer _____ Telephone _____

Supervisor's Name _____ Title _____

Date of Employment _____

ANTI-DRUG PLAN ACKNOWLEDGEMENT

In accordance with the NEBRASKA DRUG FREE WORK PLACE ACT of 1988, and the City of Bridgeport's Anti-Drug Plan, the City of Bridgeport has instituted a drug testing program. The City of Bridgeport has reviewed the legal, operational, social, medical and ethical aspects of instituting this program. I understand that manufacture, distribution, possession, use, sale, transfer, purchase, and transport of illegal drugs will be considered a violation of the City of Bridgeport's Anti-Drug Plan and shall be grounds for disciplinary action, including termination. This program allows all employees to enjoy a safe, productive, and healthy work environment. Individuals are urged to seek assistance prior to problems affecting on-the-job performance.

PRE-EMPLOYMENT: Job applicants who are being considered for employment for positions with particular responsibilities must read the Anti-Drug Plan, sign a consent form, and submit to pre-employment drug testing.

CERTIFICATION: I have read, and understand the content of the above Anti-Drug Plan. I understand that compliance with the Anti-Drug will be considered a condition of employment with the City of Bridgeport.

Date

Signature