

# CITY OF LINCOLN EMPLOYMENT APPLICATION FORM

Desired Position \_\_\_\_\_ Availability Date \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone (Area Code) \_\_\_\_\_ Other Telephone (Area Code) \_\_\_\_\_

Driver's License # \_\_\_\_\_ Will you accept Temporary or Part-time Work:    Yes    No

**Schools/Colleges Attended:**

Name	Location	Course or Major	Degree	Certification	Graduate Y/N	Year

Other Training, Certification, Special Courses, Military  
 \_\_\_\_\_  
 \_\_\_\_\_

Qualifications, Skills, Licenses (public speaking, professional memberships, office technology, skills with machines, tools, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Work Experience** (start with present or last job; include paid, unpaid, full, part-time, military, seasonal)

Note: We may contact any previous supervisor to verify your descriptions of past duties

Start date	Start Salary	Name & Address of Employer	May we contact Y/N
End Date	End Salary	Hours per WK    Supervisor Name, Title, Phone Number	

Reasons for Leaving \_\_\_\_\_

Description of duties and responsibilities  
 \_\_\_\_\_  
 \_\_\_\_\_

Start date	Start Salary	Name & Address of Employer	May we contact Y/N
End Date	End Salary	Hours per WK    Supervisor Name, Title, Phone Number	

Reasons for Leaving \_\_\_\_\_

Description of duties and responsibilities  
 \_\_\_\_\_  
 \_\_\_\_\_

**CITY OF LINCOLN  
EMPLOYMENT APPLICATION FORM**

**References:** List three persons who are not related to you and would have knowledge of your qualifications for this position for which you are applying. Example: co-workers, teachers, etc. Do not repeat names of supervisors listed under Experience.

Name	Business or Home Address, Phone	Business / Occupation

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? You may omit: 1) traffic violations for which you paid a fine of \$30.00 or less; and 2) any offense committed before your 21<sup>st</sup> birthday which was adjudicated in a juvenile court or under a Youth Offender Law –

Yes    No

While in the Military service were you ever convicted by a general court-martial? Yes    No

If you answer yes, to any of the above questions, give details below. Show for each offense: 1) Date 2) Charge 3) Place 4) Court 5) action taken. NOTE: A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago, are important. Give all of the facts so that a decision can be made.

Please check for approval of background check:    Yes \_\_\_ No \_\_\_ (If yes, please fill out and sign consent form)

**CERTIFICATION:** I certify that all of the statements made in this application are true, complete, and correct, to the best of my knowledge and belief and are made in good faith.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

The City of Lincoln is an equal opportunity employer