PHONE: 402-534-4237 FAX: 402-534-5662

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www.uticane.org

VILLAGE OF UTICA

REGULAR MEETING FIRST MONDAY OF EACH MONTH

466 1ST STREET P.O. BOX 158 UTICA, NEBRASKA 68456

We are an equal opportunity employer. We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Employment Application Applicant Information Date: Full Name: M.I. First Last Address: Apartment/Unit # Street Address ZIP Code State City E-mail Address: Phone: Desired Salary: \$ Date Available: Social Security No.: Position Applied for: NO YES If no, are you authorized to work in the U.S.? Are you a citizen of the United States? YES If yes, when? Have you ever worked for this company? YES NO Have you ever been convicted of a felony? If yes, explain: Education Address: High School: NO YES Did you graduate? Degree: To: From: Address: College: NO YES Degree: Did you graduate? To: From: Address: Other: NO Degree: Did you graduate? To: From:

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|-------------------------|-------------------------|---------------------|--------|---------------|--------|-----------|---------------|--|
| Please list three profe | ssional references. | | | | | | | |
| Full Name: | | Relati | onship | : | | | | |
| Company: | | | | Phone: | (|) | | |
| Address: | | | | | | | | |
| Full Name: | | Relati | onship | :- | 3 | | | |
| Company: | | | | Phone: | (|) | | |
| Address: | | | | | | | | |
| Full Name: | | Relation | onship | : | | | | |
| Company: | | | | Phone: | (|) | | |
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| Company: | | | | Phone: | (|) | | |
| Address: | | | | Supervisor: | | | | |
| Job Title: | | Starting Salary: | \$ | | Endin | g Salary: | \$ | |
| Responsibilities: | | | | | | | | |
| From: | To: | Reason for Leaving: | | | | | | |
| May we contact your pre | evious supervisor for a | reference? | | 10 | | | | |
| Company: | | | | Phone: | (|) | | |
| Address: | | | | Supervisor: | | | | |
| Job Title: | | Starting Salary: | \$ | | Ending | g Salary: | \$ | |
| Responsibilities: | | | | | | | | |
| From: | То: | Reason for Leaving: | | | | | | |
| May we contact your pre | vious supervisor for a | reference? | | | | | | |

| Company: | | | | Phone | : () |
|--|---|--|--|--|--|
| Address: | | | | Supervisor | |
| Job Title: | | Starting Sal | ary: \$ | | Ending Salary: \$ |
| Responsibilities: | | | | | , , |
| From: | To: | Reason for Leav | ing: | | |
| May we contact your | previous superviso | or for a reference? | YES | NO | |
| | | Military S | ervice | | |
| Branch: | | | | From: | То: |
| Rank at Discharge: | | | Type | of Discharge: | 10. |
| If other than honorabl | e evolain: | | Турс | or biscriarge. | |
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| acceptance of employ employment with the written agreement sig regulations of the cor | ment at any time, yment is not a cor company at any t gned by an author mpany, and I unde | with or without cause of ntract of employment for time for any reason. Thi rized representative of th | r advan any sp s at-wil e comp y has c | nce notice, in acc pecified time. Sir Il provision may l pany and me. I a pomplete discretion | neans the company is free to cordance with state law, and milarly, I am free to terminate my be modified or waived only in a agree to conform to the rules and on to modify such rules and |
| I authorize the compa | any or its agents to eeking and to the | o confirm all statements extent permitted by fede | contair | ned in this applic | ation and/or resume as it relates I agree to complete any requisite |
| | | complete to the best of n | ny knov | vledge. | |
| | ds to employment, | | | | on in my application or interview |
| Signature: | | | | | Date: |
| | | | | | |