



**CITY OF BRIDGEPORT**  
 809 Main Street  
 Po Box 280  
 Bridgeport NE 69336

**APPLICATION FOR EMPLOYMENT**

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.*

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone (    )
	City, State, Zip			Business Telephone (    )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, Month and Year _____			Social Security #
	Position Desired			Pay Expected
	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please explain _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree of Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Membership in Professional or Civic Organizations**  
 (Exclude those which may disclose your race, color, religion or national origin)

# EMPLOYMENT

Please give accurate, full-time and part-time employment record.  
Start with your present to most recent employer.

1	Company Name	Telephone (    )
	Address	Employed (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone (    )
	Address	Employed (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone (    )
	Address	Employed (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone (    )
	Address	Employed (State month and year) From:                      To:
	Name of Supervisor	Weekly Pay Start:                      Last:
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<i>DO NOT CONTACT</i>	
	Employer Number(s)	Reason

SIGNATURE	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	_____ Date	_____ Signature