
EMPLOYMENT HISTORY - PLEASE PROVIDE ALL EMPLOYMENT INFORMATION (most recent first)

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

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EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES - (DO NOT LIST PERSONAL REFERENCES)

NAME	ADDRESS	BUSINESS	TELEPHONE NUMBER	YEARS ACQUAINTED

NOTICE TO APPLICANTS

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS REQUESTED IS CAUSE FOR DISMISSAL. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT MAY BE COVERED BY THE CITY'S AGREEMENT WITH A LOCALIZED UNION. SUCCESSFUL COMPLETION OF DRUG TESTING REQUIREMENTS AND/OR PHYSICAL PROVISIONS IS A CONDITION OF EMPLOYMENT.

APPLICATIONS WILL REMAIN IN AN ACTIVE FILE FOR A PERIOD OF UP TO 30 DAYS. APPLICANTS MUST REAPPLY FOR NEW POSITION OPENINGS.

By checking the box and typing my name I am affirming and acknowledging my signature to this document.

APPLICANT SIGNATURE: _____ DATE: _____

**RETURN COMPLETED APPLICATION TO: City of Fremont, HR Dept., 400 E Military Ave, Fremont, NE 68025
or Fax 402-727-2667
or email to jobs@fremontne.gov**

Rev. 9/2014



EQUAL EMPLOYMENT OPPORTUNITY (EEO)

VOLUNTARY SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment.

Name (Last, First, MI): _____

Street Address: _____

City, State, Zip Code: _____

Position Applied For: _____ Date Applied: _____

Gender Identification (check one)

Female Male

Race/Ethnic Identification (check one):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Decline self-identification

Applicant's Signature

Date