

**City of Lyons**  
**335 Main St, PO Box 598**  
**Lyons, NE 68038-0598**  
**402-687-2485 Office Phone**

***Employment Application***

***EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER***

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
PO Box/Street Address City State Zip

Cell Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_  
Area Code

Position(s) Applied For: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Referred By: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you under age 18? (Circle one) Yes No

Ever applied to this company before? (Circle one) Yes No Where \_\_\_\_\_ When \_\_\_\_\_

Have you ever been employed here before? (Circle one) Yes No

Are you employed now? (Circle one) Yes No May we contact your present employer? (Circle one) Yes No

Are you a United States Citizen? (Circle one) Yes No  
(Proof of citizenship or immigration status may be required upon employment.)

Are you available to work (Circle all that apply) Full Time Part Time Temporary/Seasonal

Have you ever been convicted of a crime? (Circle one) Yes No

If Yes, please explain \_\_\_\_\_

Disclaimer: Conviction or pending arrest will not necessarily disqualify you from employment; the recency, severity, and pertinence of the conviction or pending arrest to the job will all be considered.

**MILITARY DUTY:**

Veteran of the U.S. military service? (Circle one) Yes No If Yes, Branch \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Primary Duties: \_\_\_\_\_

Do you wish to claim Veteran's Preference in your employment search? (Circle one) Yes No

If yes, include documents showing you receive or are eligible to receive benefits from the U.S. Department of Veterans Affairs and a Form DD214 in order to verify entrance and separation dates, type of separation, and character of service. The spouse of a 100 percent disabled veteran may claim preference by providing a Form DD214, proof of disability, and a marriage certificate.

**EDUCATION HISTORY:**

Do you have a high school diploma or a GED certificate? Yes No Year Completed: \_\_\_\_\_

List high schools, colleges, military, trade, business or other schools attended.

Name and Location of Institution	Years Attended	Degree Received	Course of Study (List Major)
A. _____			
B. _____			
C. _____			
D. _____			

**WORK EXPERIENCE / HISTORY** -- List below your last four (4) employers, starting with the most recent.

**a. Employer** \_\_\_\_\_ Duties: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 From (Month - Yr) and starting salary \_\_\_\_\_ To (Month - Yr) and ending Salary \_\_\_\_\_  
 Supervisor's Name and Phone \_\_\_\_\_

**b. Employer** \_\_\_\_\_ Duties: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 From (Month - Yr) and starting salary \_\_\_\_\_ To (Month - Yr) and ending Salary \_\_\_\_\_  
 Supervisor's Name and Phone \_\_\_\_\_

**c. Employer** \_\_\_\_\_ Duties: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 From (Month - Yr) and starting salary \_\_\_\_\_ To (Month - Yr) and ending Salary \_\_\_\_\_  
 Supervisor's Name and Phone \_\_\_\_\_

**d. Employer** \_\_\_\_\_ Duties: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 From (Month - Yr) and starting salary \_\_\_\_\_ To (Month - Yr) and ending Salary \_\_\_\_\_  
 Supervisor's Name and Phone \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS:**

Summarize special qualifications and skills acquired from employment, volunteering, or other experience.

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**REFERENCES:**

Give name, address, telephone number, and number of years known of three references who are not related to you and are not previous employers.

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**AUTHORIZATION STATEMENT**

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand that any material omissions and/or false information in this application, my resume, or any other materials, or during any interviews, will be justification for rejection of employment or, if employed, termination from the City's employ, without advance notice at any time. I hereby also agree to hold the City of Lyons harmless in divulging the information contained in the application form as well as any personal records developed as a result of employment with the City of Lyons.

I understand I am required to abide with mandatory drug and alcohol testing policies as a stipulation of employment for safety sensitive positions covered by the Federal Department of Transportation Regulations. Employees who test positive are subject to disciplinary action up to and including termination.

I understand that unless otherwise defined by applicable law, employees of the City of Lyons serve in an "at will" capacity and can be discharged either with or without cause. THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT.

This application must be signed and dated for consideration of employment.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_