APPLICATION FOR EMPLOYMENT – MUNICIPAL OFFICE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION			
Last NameFir	st Name	Middle	<u></u>
Present Address	City/State	/Zip	
Social Security Number	Phone Number		
Are you 18 years of age or older? YES	NO		
Are you either a U.S. citizen or an alien authorized t	to work in the United Stat	es? YES	NO
Have you been convicted of a felony within the last	seven (7) years	YES	NO
If Yes, please explain (Convictions will not necessari	ily disqualify an applicant	from employment)	
EMPLOYMENT DESIRED			
Position Applied For	Date You	Can Start	
Salary Desired			
Are you currently employed: YES NO	May we contact you	ır present employer	? YES NO
Have you ever been employed with us before?	YES NO If yes	, what dates	
Poforrod by			
Referred by			
EDUCATION			
Highest level completed: Some HS HS/GE	D Associate	Bachelor	Master
Last High School attended	City/State	Graduation Year	
Last College attended	City/State	Major	
Degree(s), if any		Vear Re	eceived

EXPERIENCE Begin with your present or most	t recent employer first.		
Employer		Job Title	2
Address		Phone N	Number
Employed From (MM/YY)	To (MM/YY)	Salary \$	per
Hours worked per week	Supervisor's Name		May we contact?
Reason for leaving			
Job Duties & Responsibilities			
Employer			
Address	Phone Number		
Employed From (MM/YY)	To (MM/YY)	Salary \$	per
Hours worked per week	Supervisor's Name		May we contact?
Reason for leaving			
Job Duties & Responsibilities			
Employer			
	Phone Number		
Employed From (MM/YY)			
Hours worked per week	Supervisor's Name		May we contact?
Reason for leaving			
Job Duties & Responsibilities			

GENERAL INFORMATION	
Military Experience	
Special Training & Qualifications	
APPLICANT'S STATEMENT	
I certify that the answers given herein are true and complete to the best of my knowledge. I authorinvestigations of all statements contained in this application for employment as may be necessary in arriving a employment decision. This application for employment shall be considered active for a period of time no exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquir to whether or not applications are being accepted at that time.	it an ot to
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employnt relationship with the Village of Eagle is of an "at will" nature, which means that the Employee may resign at time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by and written document or by conduct unless schange is specifically acknowledged in writing by an authorized executive of the Village of Eagle.	any that
In the event of employment, I understand that false or misleading information given in my application interview(s) may result in discharge. I understand that I must complete the Employment Eligibility Verifica Form I-9 by the end of the first day of employment and present required documentation establishing identity employment eligibility by the end of the third day of employment. I understand, also, that I am required to all by all laws, rules, and regulations of the Village of Eagle and the State of Nebraska.	tion and
Applicant's Signature Date	

SUPPLEMENTAL QUESTIONNAIRE

Date	
Printed Name	
Signature	

OFFICE PERSONNEL

PLEASE READ BEFORE COMPLETING:

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position for which you are applying. This questionnaire is a supplement to your application and is made a part thereof.

PURPOSE STATEMENT

Under the direction of the Board of Trustees, office personnel are responsible for directing and managing the activities and operations of the Village office to promote good government and maximize the effectiveness and efficiency of the office. This position serves as an administrative agent for the Board, ensuring Village funds, policies and operations are handled according to Eagle Municipal Code, state statutes and federal regulations. This position is responsible for the critical administrative work of customer service; utility processing; records management and all other administrative and fiscally related tasks.

OFFICE

1)	with oc	osition is primarily full-time, Monday through Friday, from 7:0 occasional weekend and on-call hours. Are you available durin	
2)	copy m	u have experience operating standard office equipment, inclu machines? YES	ding computers and
		If yes, please list employer(s) and how long you performed t	
3)	receiva	u have working knowledge of accounting, payroll, word proce able computer programs? YES	essing and accounts
	a.	If yes, please list employer(s) and how long you performed t	hese duties:
4)	•	u have experience working independently in a fast-paced env YES	ironment? NO
	a.	If yes, list where you received your technical training and/or	certification:

OFFICE

1)	Do you have experience in Municipal gover	nment? YES	NO
2)	Do you have a current certification as a Neb	oraska Municipa YES	al Clerk? NO
3) Would you be willing to take education courses pertaining to your role wit of Eagle?			g to your role with the Village
		YES	NO
4)	Do you have past experience working in an	office environr YES	nent? NO
		YES	NO
5)	Do you have past experience maintaining re	ecords, reports YES	and other critical documents? NO
6)	If you answered YES to any of the questions how long you performed these duties:	s listed above, p	please list employer(s) and
7)	If you answered YES to any of the questions experience:	s listed above, μ	blease describe your work

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3)	Please indicate any additional experience and training you have that you feel may be
	beneficial to this position: