



204 E 10TH ST, PO BOX 526  
 SCHUYLER, NE 68661  
 PHONE: 402-352-5444; FAX: 402-352-3231

## APPLICATION FOR EMPLOYMENT

Please type or print in ink only

The Schuyler Department of Utilities ("SDOU") is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applicants who need a reasonable accommodation to complete this application may contact the Superintendent or Office Manager for assistance.

**Position Applied For**

**Date of Application**

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Middle Initial

\_\_\_\_\_  
 Present Address (Number and Street)

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

Telephone Number(s): Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ SSN# \_\_\_\_\_

Driver License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration: \_\_\_\_\_

**You may attach a resume or other related personal qualification information relevant to the job.**

Have you ever been employed with us before?     Yes     No

If yes, provide date(s) \_\_\_\_\_ to \_\_\_\_\_

and Department \_\_\_\_\_

Are you under 18 years of age?     Yes     No

If you are under the age of 18, you may need to supply SDOU a work permit or limit your hours to those permitted by law.

May we contact your current employer?     Yes     No

Can you, after being hired, verify your legal right to work in the United States?     Yes     No

Specify days and hours for which you are available: \_\_\_\_\_

Date available to start work? \_\_\_\_\_

If the job you are applying for requires a valid driver's license, please complete the information below:

Number \_\_\_\_\_ State \_\_\_\_\_ Regular  CDL

Do you have any relatives presently employed by SDOU? Yes  No

If Yes, give names, department and relationship: \_\_\_\_\_

Are you willing to work overtime if required? Yes  No

Are you willing to work different shifts, if required? Yes  No

**IT IS THE POLICY OF SDOU TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE UTILITIES MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE CITY.**

If selected as a final candidate, you will be required to disclose your criminal history or record. Any convictions are relevant only if job-related but will not necessarily bar you from employment. You will not be required to disclose any offense for which the record has been sealed. SDOU will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.

### EMPLOYMENT EXPERIENCE

Start with your current or last job and complete the information below.  
(Attach additional sheets if necessary)

_____ Employer Name	_____ Address (Street, City, State, Zip)	Employed: From: _____ To: _____
_____ Job Title	_____ Supervisor	_____ Supervisor Phone No.
_____ Starting Wage	_____ Ending Wage	_____ Reason for Leaving
_____ Summarize Nature of Work Performed		

_____ Employer Name	_____ Address (Street, City, State, Zip)	Employed: From: _____ To: _____
_____ Job Title	_____ Supervisor	_____ Supervisor Phone No.
_____ Starting Wage	_____ Ending Wage	_____ Reason for Leaving
_____ Summarize Nature of Work Performed		

Employer Name	Address (Street, City, State, Zip)	Employed: From: _____ To: _____
Job Title	Supervisor	Supervisor Phone No.
Starting Wage	Ending Wage	Reason for Leaving
Summarize Nature of Work Performed		

Employer Name	Address (Street, City, State, Zip)	Employed: From: _____ To: _____
Job Title	Supervisor	Supervisor Phone No.
Starting Wage	Ending Wage	Reason for Leaving
Summarize Nature of Work Performed		

Have you served in the United States Armed Forces?    Yes     No

If yes, please give dates of military service:                      From: \_\_\_\_\_ To \_\_\_\_\_ Branch? \_\_\_\_\_

Summarize nature of work performed: \_\_\_\_\_

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If you are a Veteran or the spouse of a 100% disabled Veteran, you may be eligible for Veterans' Preference in the employment process. A Veteran desiring to use a Veterans' Preference shall submit with the application a copy of the Veteran's Department of Defense Form 214 (DD Form 214). A spouse of a Veteran desiring to use a Veterans' Preference shall submit with the application a copy of the Veteran's DD Form 214, a copy of the Veteran's disability verification from the U.S. Department of Veterans Affairs demonstrating a 100% permanent disability rating, a proof of marriage to the Veteran, i.e., a valid marriage license recognized by the State of Nebraska.

Are you claiming Veterans Preference?    Yes     No

If yes, a copy of your DD Form 214 must be attached to this application. Veterans who obtain passing scores on all parts or phases of an examination shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five percent shall be added to the passing score of any disabled Veteran.

# EDUCATIONAL BACKGROUND

(Attached additional sheets if necessary)

High School Name and Location _____		9 ____ 10 ____ 11 ____ 12 ____ (Mark highest grade completed)	
Community College	School/Location	Course of Study	
Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree Obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Trade School	School/Location	Course of Study	
Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree Obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>		
College/University	School/Location	Course of Study	
Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree Obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Seminars / Other	Please Describe:		
_____			
_____			
_____			

## Special Skills

Computer Skills (please explain your level of proficiency below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use the space below to summarize other relevant experience, skills, background, training and qualifications that you feel make you especially suited for work with SDOU:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

(List three individuals familiar with your work ability. Do not include relatives.)

Name	Address (Street, City, Zip)	Phone #:	Relationship to Person
Name	Address (Street, City, Zip)	Phone #:	Relationship to Person
Name	Address (Street, City, Zip)	Phone #:	Relationship to Person

## Applicant's Statement

I certify that answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**JOB APPLICANT'S CONSENT  
FOR JOB REFERENCE INFORMATION**

I, \_\_\_\_\_, hereby give consent to any and all prior employers of  
Applicant's Name Printed

mine to provide information with regard to my employment with prior employers to the Schuyler Department of Utilities. Nebraska state law provides that a current or former employer may disclose with immunity from civil liability the following information about a current or former employee's employment history to a prospective employer of the current or former employee upon receipt of written consent from the current or former employee:

- (i) Date and duration of employment: \_\_\_\_\_.
- (ii) Pay rate and wage history on the date of receipt of written consent:  
\_\_\_\_\_.
- (iii) Job description and duties: Attach copy of job description.
- (iv) The most recent written performance evaluation prepared prior to the date of the request and provided to the employee during the course of his or her employment: Attach copy of the performance evaluation.
- (v) Attendance information: Attach copy of attendance record.
- (vi) Results of drug or alcohol test administered within one year prior to the request: Attach copy of test results.
- (vii) Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee:  
\_\_\_\_\_.
- (viii) Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation:  
\_\_\_\_\_.
- (ix) Whether the employee is eligible for rehire  
\_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (consent valid for six (6) months)

**NEBRASKA REVISED STATUTES**  
**CHAPTER 48. LABOR**  
**ARTICLE 2. GENERAL PROVISIONS**

**48-201. Current or former employer; disclosure of information; immunity from civil liability; consent; form; period valid; applicability of section.**

(1)(a) A current or former employer may disclose the following information about a current or former employee's employment history to a prospective employer of the current or former employee upon receipt of written consent from the current or former employee:

- (i) Date and duration of employment;
- (ii) Pay rate and wage history on the date of receipt of written consent;
- (iii) Job description and duties;
- (iv) The most recent written performance evaluation prepared prior to the date of the request and provided to the employee during the course of his or her employment;
- (v) Attendance information;
- (vi) Results of drug or alcohol tests administered within one year prior to the request;
- (vii) Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
- (viii) Whether the employee was voluntarily or involuntarily separated from employment and the reasons for the separation; and
- (ix) Whether the employee is eligible for rehire.

(b) The current or former employer disclosing such information shall be presumed to be acting in good faith and shall be immune from civil liability for the disclosure or any consequences of such disclosure unless the presumption of good faith is rebutted upon a showing by a preponderance of the evidence that the information disclosed by the current or former employer was false, and the current or former employer had knowledge of its falsity or acted with malice or reckless disregard for the truth.

(2)(a) The consent required in subsection (1) of this section shall be on a separate form from the application form or, if included in the application form, shall be in bold letters and in larger typeface than the largest typeface in the text of the application form. The consent form shall state, at a minimum, language similar to the following: I, (applicant), hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to (prospective employer).

- (b) The consent must be signed and dated by the applicant.
- (c) The consent will be valid for no longer than six months.

(3) This section shall also apply to any current or former employee, agent, or other representative of the current or former employer who is authorized to provide and who provides information in accordance with this section.

(4)(a) This section does not require any prospective employer to request employment history on a prospective employee and does not require any current or former employer to disclose employment history to any prospective employer.

(b) Except as specifically amended in this section, the common law of this state remains unchanged as it relates to providing employment information on current and former employees.

- (c) This section applies only to causes of action accruing on and after July 19, 2012.

(5) The immunity conferred by this section shall not apply when an employer discriminates or retaliates against an employee because the employee has exercised or is believed to have exercised any federal or state statutory right or undertaken any action encouraged by the public policy of this state.

Source:Laws 2012, LB959, § 1.

**APPLICANT VOLUNTARY  
SELF-DISCLOSURE SUBMITTAL FORM**

SDOU 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, we invite the applicant to voluntarily self-identify their gender, age, race/ethnicity, and veteran status. Submission of the self-identification information is voluntary and refusal to provide it will not subject you to any adverse treatment or influence in the hiring process. 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 you by name:

Full Name: \_\_\_\_\_  
Lastname First Name

Position Applied for: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Gender: Male  Female   
(Please Check One)

Are you 40 years of age or older? Yes  No

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**RACE / ETHNICITY**

Please check the one that describes the race / ethnicity category with which you primarily identify:

- Hispanic or Latino A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of ethnicity.
- White A person having origins in any of the original peoples of Europe, North America or the Middle East.
- Black or African American A person having origins in any of the black ethnic groups of Africa.
- Native Hawaiian or Other Pacific Islander A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian A person having origins in any of the peoples of Hawaii, Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the five races listed above.



## VETERAN STATUS

(Please check all that apply):

No Veteran Status

Special Disabled Veteran

(A) A veteran who is entitled to compensation (or who, but for receipt of military retired pay, would be entitled to compensation) under laws administered by the Dept. of Veteran Affairs for a disability rated at 10 or 20% in the case of a veteran who has been determined to have a serious employment disability OR

(B) A person who was discharged or released from active duty because of a service-connected disability.

Vietnam

A person who:

(A) Served on active duty for a period of time more than 180 days, any part of which occurred between 8/10/64 and 5/07/75 and was discharged or released with other than a dishonorable discharge OR

(B) Was discharged or released from active duty for a service connected disability if any part of such active duty was performed between 8/10/64 and 5/07/75 OR

(C) Served on active duty for more than 180 days and served in the Republic of Vietnam between 2/28/61 and 5/07/75.

Other Protected Veteran

A veteran in one of the following groups:

(A) Veterans who served in a "war";

(B) Veterans whose service in a campaign or expedition for which a campaign badge has been authorized or an expeditionary medal has been awarded.

## Waiver of Confidentiality and Release of Liability

As a candidate for a position of trust with the Schuyler, Nebraska, Department of Utilities, I hereby waive any privilege to confidentiality I have, or may have had, with you, your organization, or firm. I hereby release any provider of information from liability that might attach to the release of information concerning me. The original of this document is on file with the Office of the Chief of Police, Schuyler Police Department.

SDOU shall require health screenings of newly hired full-time and part-time employees prior to the commencement of their employment, employees who are rehired or reinstated. SDOU shall have the discretion for whom conducts the health screen and shall pay for the full cost of screening. All screenings and results will remain confidential and limited to essential personnel, except as otherwise required by law. Screening may include physical examinations, psychological examinations, physical abilities testing and other job-related medical screening tests, depending on the nature and duties of the position.

New hire finalists must meet a job classification's established screening criteria in order to be designated as qualified for employment in that classification. Finalists will be made a job offer that is contingent upon the successful completion of any pre-employment medical screening.

### A. Reasonable Accommodation

Candidates have the right to request an accommodation under the Americans with Disabilities Act (ADA). SDOU is committed to providing reasonable accommodation for the known disabilities of a finalist to

- (1) enable the individual to be considered for a job;
- (2) enable the individual to perform the essential functions of the job; or
- (3) enable the individual to enjoy equal benefits and privileges of employment.

SDOU is not required to provide an accommodation that would be an undue hardship or that would present a direct threat to the candidate or others.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Application Signature

\_\_\_\_\_  
Date