

DON'T FORGET TO DOWNLOAD
THE JOB SPECIFIC
SUPPLEMENTAL QUESTIONNAIRE
WHICH IS REQUIRED TO BE SUBMITTED
WITH YOUR APPLICATION.

SUPPLEMENTAL QUESTIONNAIRE'S

CAN BE FOUND AT:

www.ci.lincoln.ne.us/city/person/jobltrs.htm

CLICK ON JOB TITLE TO RECEIVE
THE REQUIRED SUPPLEMENTAL QUESTIONNAIRE.

CITY OF LINCOLN & LANCASTER COUNTY



Employment Office
County / City Building
555 South 10th Street, Room 107
Lincoln, NE 68508
402-441-7597



APPLICATION FOR EMPLOYMENT

JOB LINE: (402) 441-7736

Internet: www.ci.lincoln.ne.us

E-Mail: jobs@ci.lincoln.ne.us

Separate applications and job specific supplemental questionnaires are required for each position.
Resumes cannot be used as a substitute for an application or supplemental questionnaire.

Applying for Position: Title _____

Requisition Number _____

INSTRUCTIONS TO APPLICANT: Type or print legibly in completing all pages of this application. Please **SIGN LAST PAGE**. The application and any attachments become the property of the Lancaster County / City of Lincoln.

| | | |
|--|------------------------------------|--|
| 1. NAME: Last First Middle | 2. TELEPHONE: Home | 3. TELEPHONE: Work |
| 4. ADDRESS: Number & Street Apt No. | | |
| 5. CITY | 6. STATE | 7. ZIP |
| 8. SOCIAL SECURITY NUMBER <small>(Used for computer retrieval only)</small> | 9. Are you under age 18? YES NO | 10. Types of Employment Desired: Full-time Part-time Temporary Date Available: |
| 11. Are you a United States Citizen? YES NO If you are not a citizen, give the number of your permanent resident card or work permit: | | |

Employment Office Use Only

| Test | Score | Date |
|------|-------|------|
| | | |
| | | |
| | | |

CRIMINAL HISTORY

12. **Have you ever been convicted of any violation of law other than a minor traffic violation?**
Yes ___ **No** ___ If yes please explain below: (List ALL convictions for any law violation (such as: DUI, shoplifting, minor in possession, reckless driving, and so on) including convictions that have been set aside, pardoned or expunged. Minor traffic violation (i.e., parking ticket, speeding ticket) do not need to be listed.

Date: _____ Charges: _____

Date: _____ Charges: _____

Explanation: _____

A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed.

Social Security Number: _____

Last Name: _____

Last Name: _____

13. Do any of your relatives work in a supervisory position for:
 City of Lincoln: YES NO Lancaster County: YES NO
 If yes, give names & departments:

14. Have you ever worked for:
 City of Lincoln: YES NO Lancaster County: YES NO
 If yes, give dates & departments:

MILITARY DUTY

15. Have you ever served an Active Duty in the U. S. Armed Forces? YES NO

Dates: From: To: Branch of Service:

Type of Discharge: Do you claim Veteran's Preference? YES NO
 * If yes please see below:

Primary Duties:

To receive veteran's preference, you must submit a copy of your DD 214 Form with your application by the closing date, and have served for more than 90 consecutive days during one of the following periods: April 6, 1917-Nov. 11, 1918; Dec.7, 1941-Dec.31, 1946; June 25, 1950-Jan.31, 1955; Aug.5, 1964-May 7,1975; Aug. 25, 1982-Feb. 26, 1984(Lebanon); Oct.23, 1983-Nov.21, 1983(Granada); Dec.20, 1989-Dec31, 1990(Panama); Aug.2, 1990-continuing(Persian Gulf)(and any other legally designated periods), and discharged under honorable conditions.

EDUCATIONAL RECORD

16. Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

17. **Name of High School Attended:**
 Address:
 Did you graduate: YES NO or obtain equivalent GED: YES NO

18. **Vocational Education (Business School, Trades School, Service Schools, ETC.)**

| Name & Location | Dates Attended | | Courses of Study | Diploma or Cert. Received | Credit Hours Earned |
|-----------------|----------------|----|------------------|---------------------------|---------------------|
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |

19. **College and University (Undergraduate, Graduate, Professional)**

| Name & Location | Dates Attended | | Courses of Study | Diploma or Cert. Received | Credit Hours Earned |
|-----------------|----------------|----|------------------|---------------------------|---------------------|
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |

20. **Other**

| Name & Location | Dates Attended | | Courses of Study | Diploma or Cert. Received | Credit Hours Earned |
|-----------------|----------------|----|------------------|---------------------------|---------------------|
| | From | To | | | |
| | | | | | |

Last Name: _____

EMPLOYMENT/VOLUNTEER RECORD

Job# 1

| | | | | | |
|--------------------------------------|----------------------|--------------------|-----------------------------------|----------------------|--|
| Present or Last Employer or Company: | | | Job Title: | | |
| Address: | | | Name of Supervisor & Phone Number | | |
| City: | State | Zip | Date Started: Mo. Yr | Date Left: Mo. Yr | |
| Number of Hours Worked per Week: | Pay at Start: per | Pay at End: per | Total Time Employed: Yrs. Mos. | | |
| What were your duties? | | | | | |
| Reason for leaving | | | | | |

Job# 2

| | | | | | |
|----------------------------------|----------------------|--------------------|-----------------------------------|----------------------|--|
| Employer or Company: | | | Job Title: | | |
| Address: | | | Name of Supervisor & Phone Number | | |
| City: | State | Zip | Date Started: Mo. Yr | Date Left: Mo. Yr | |
| Number of Hours Worked per Week: | Pay at Start: per | Pay at End: per | Total Time Employed: Yrs. Mos. | | |
| What were your duties? | | | | | |
| Reason for leaving | | | | | |

Job# 3

| | | | | | |
|----------------------------------|----------------------|--------------------|-----------------------------------|----------------------|--|
| Employer or Company: | | | Job Title: | | |
| Address: | | | Name of Supervisor & Phone Number | | |
| City: | State | Zip | Date Started: Mo. Yr | Date Left: Mo. Yr | |
| Number of Hours Worked per Week: | Pay at Start: per | Pay at End: per | Total Time Employed: Yrs. Mos. | | |
| What were your duties? | | | | | |
| Reason for leaving | | | | | |

Last Name: _____

Job# 4

| | | | | | |
|-------------------------------------|----------------------|--------------------|-----------------------------------|----------------------|--|
| Employer or Company: | | | Job Title: | | |
| Address: | | | Name of Supervisor & Phone Number | | |
| City: | State | Zip | Date Started: Mo. Yr | Date Left: Mo. Yr | |
| Number of Hours Worked per Week: | Pay at Start: per | Pay at End: per | Total Time Employed: Yrs. Mos. | | |
| What were your duties? | | | | | |
| Reason for leaving | | | | | |

Job# 5

| | | | | | |
|-------------------------------------|----------------------|--------------------|-----------------------------------|----------------------|--|
| Employer or Company: | | | Job Title: | | |
| Address: | | | Name of Supervisor & Phone Number | | |
| City: | State | Zip | Date Started: Mo. Yr | Date Left: Mo. Yr | |
| Number of Hours Worked per Week: | Pay at Start: per | Pay at End: per | Total Time Employed: Yrs. Mos. | | |
| What were your duties? | | | | | |
| Reason for leaving | | | | | |

Job# 6

| | | | | | |
|-------------------------------------|----------------------|--------------------|-----------------------------------|----------------------|--|
| Employer or Company: | | | Job Title: | | |
| Address: | | | Name of Supervisor & Phone Number | | |
| City: | State | Zip | Date Started: Mo. Yr | Date Left: Mo. Yr | |
| Number of Hours Worked per Week: | Pay at Start: per | Pay at End: per | Total Time Employed: Yrs. Mos. | | |
| What were your duties? | | | | | |
| Reason for leaving | | | | | |

Last Name: _____

Job# 7

| | | | | | |
|-------------------------------------|----------------------|--------------------|-----------------------------------|----------------------|--|
| Employer or Company: | | | Job Title: | | |
| Address: | | | Name of Supervisor & Phone Number | | |
| City: | State | Zip | Date Started: Mo. Yr | Date Left: Mo. Yr | |
| Number of Hours Worked per Week: | Pay at Start: per | Pay at End: per | Total Time Employed: Yrs. Mos. | | |
| What were your duties? | | | | | |
| Reason for leaving | | | | | |

Job# 8

| | | | | | |
|-------------------------------------|----------------------|--------------------|-----------------------------------|----------------------|--|
| Employer or Company: | | | Job Title: | | |
| Address: | | | Name of Supervisor & Phone Number | | |
| City: | State | Zip | Date Started: Mo. Yr | Date Left: Mo. Yr | |
| Number of Hours Worked per Week: | Pay at Start: per | Pay at End: per | Total Time Employed: Yrs. Mos. | | |
| What were your duties? | | | | | |
| Reason for leaving | | | | | |

Job# 9

| | | | | | |
|-------------------------------------|----------------------|--------------------|-----------------------------------|----------------------|--|
| Employer or Company: | | | Job Title: | | |
| Address: | | | Name of Supervisor & Phone Number | | |
| City: | State | Zip | Date Started: Mo. Yr | Date Left: Mo. Yr | |
| Number of Hours Worked per Week: | Pay at Start: per | Pay at End: per | Total Time Employed: Yrs. Mos. | | |
| What were your duties? | | | | | |
| Reason for leaving | | | | | |

Last Name: _____

Please Read Before Signing

EQUAL OPPORTUNITY EMPLOYERS

The City of Lincoln and Lancaster County are Equal Opportunity Employers and, therefore, do not discriminate because of race, color, religion, sex, disability, national origin, ancestry, age, marital status or veteran's status and any other legally protected status.

Note: The City of Lincoln and Lancaster County do not discriminate on the basis of disability status in their programs or activities as it regards:

- 1) admission or access to programs or activities; or
- 2) treatment or employment in their programs or activities.

The following people have been designated to coordinate compliance with the non-discrimination requirements in § 51.55 of the revenue sharing regulations:

| | |
|-------------------------------------|--|
| City of Lincoln: Personnel Director | Lancaster County: Chief Administrative Officer |
| 555 South 10 th Street | 555 South 10 th Street |
| Lincoln, NE 68508 | Lincoln, NE 68508 |

APPLICANT STATEMENT

I understand that:

- any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my employment. In addition, I authorize and request now or in the future each and every former employer, school, individual, agency, organization or law enforcement agency to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information within their knowledge or record.
- as a CONDITION OF EMPLOYMENT, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and Control Act of 1986.
- if I am applying for a safety sensitive position covered by the Federal Department of Transportation Regulations, applicants and employees are subject to mandatory drug and alcohol testing policies as a CONDITION OF EMPLOYMENT.
- all City/County employees, regardless of status, are subject to Reasonable Suspicion, Return to Duty, and unannounced Follow-up Drug and Alcohol testing. Employees who test positive are subject to discipline up to and including termination.
- all City/County employees are required to be included under a faithful performance bond, and therefore, must meet the established criteria for coverage on file in the Personnel Department.
- if hired, probationary, temporary and unclassified employees have no rights to regular or status employment or appeal rights, if terminated.

Separate applications are required for each vacant position, including those with the same title. Photocopies of the job application are permitted. I understand that applications submitted for the general file and not for a specific position will be kept on active file for six months and can be activated by me when I want to be considered for one specific position by contacting the City-County Employment Office during the open recruitment period, unless specifically waived in writing. **THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT.**

OFFICIAL OATH: If hired I solemnly swear or affirm that I will support the Constitution of the United States and the Constitution of the State of Nebraska, and that I will faithfully and impartially discharge the duties of the position according to law and to the best of my ability.

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

SIGNATURE _____

DATE _____

City of Lincoln/Lancaster County Equal Employment Opportunity Survey
(For Statistical Use Only)

To All Applicants:

The following information will in no way affect decisions regarding you as an individual applicant. The hiring supervisor will not have access to this survey. This information will be used to find out how effective our recruitment efforts are in reaching all segments of population and in the validation of our selection methods, for the purpose of Federal Equal Employment Opportunity reporting. Please give us your cooperation by completing this **voluntary** questionnaire.

Name _____ Birth date _____ SSN _____ Date _____

Instructions: Please circle **only one** number for each question below.

A. What sex are you?

1. Male
2. Female

B. What is your age?

1. 19 or less 3. 30 - 39 5. 50 - 59 7. 70 or over
2. 20 - 29 4. 40 - 49 6. 60 - 69

C. What is the highest level of education you have attained?

1. 0 - 8 years
2. 9 - 12 years but not a high school graduate
3. High School graduate or GED
4. Post-high school vocational or business school training
5. College, less than B.A. or B.S. degree
6. B.A., or B.S., or similar degree
7. M.S., or similar professional degree
8. Ph.D., J.D., L.L.B., or similar professional degree
9. M.D., or similar professional degree

D. Of which racial/ethnic group do you consider yourself a member?

1. American Indian/Native American
2. Black/African American
3. Asian or Pacific Islander
4. Hispanci/Latino
5. White

E. How did you file this application?

1. In person
2. U. S. Mail
3. Other: _____

F. How did you learn about this job?

1. Nebraska Job Service
2. TAAB
3. Job Line
4. School
5. City or County employee
6. Newspaper or professional periodical
7. County-City Building bulletin board
8. Agency representing minorities/women/
disabled/aged
9. Internet

G. Military Service

1. Not a Veteran
2. Yes - Veteran
3. Yes - Vietnam Era Veteran
4. Yes - Disabled Veteran

| | | | |
|--|-----------------------|----------------------|------------------------|
| (This section will be completed by Personnel) | | | |
| H. Job Categories | | | |
| 1. Official/Administrative | 3. Technical | 5. Para-Professional | 7. Skilled Craft |
| 2. Professional | 4. Protective Service | 6. Office/Clerical | 8. Service Maintenance |

Let us keep "TAAB" of you!

If you are a racial/ethnic minority, female, age 40/over or disabled, you are invited to participate in our Talent Affirmative Action Bank. TAAB is one of many activities the City and County take to meet Affirmative Action goals.

Please complete the form below. When openings occur which are open to the public within the next six months that match those specified 4-digit classification numbers you have indicated, we will notify you of the open recruitment period so you can file an application and supplemental questionnaire. **DO NOT** list job categories. Refer to the job title booklets for the correct numbers, or on our Web site at www.ci.lincoln.ne.us.

For further information contact the City/County Employment Office. Additional forms are available upon request,

| Class Title | 4- Digit Class Number | City | County |
|-------------|-----------------------|------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Important Facts about Information on your Application

This application is to assist with referring you to City and County departments for possible employment. Certain information requested on the application is private. Below is clarification as to why we ask for the information.

| Private Data | Why We Ask for It | Are You Legally Obligated to Provide It? | What May Happen If You Don't Provide it. |
|---|---|--|---|
| Social Security Number | Computer retrieval. To distinguish you from all other applicants; and to make processing more efficient. | No | Retrieval for consideration of positions you have shown an interest in may be difficult. It also helps to ensure that we do not confuse your record with others. |
| Name | To distinguish you from all other applicants. | Yes | Failure to provide information may cause rejection of your application. |
| Address | To be able to send employment information and other notices. | No | Failure to provide information will cause non-receipt of notices and employment information. |
| Telephone number where you can be reached or receive messages | To be able to contact you to determine availability for interview. | Yes | We may not be able to employ you in certain jobs where you may be required to come to work on short notice. Will cause substantial delay in evaluating your application and may have a negative impact on your securing a position on short notice. |
| Conviction Record | To determine whether we may legally consider an application from you and to determine whether your record may be a job-related consideration. | Yes | We will not be able to make determinations required by law. |
| Citizenship | To determine if we may legally consider an application. | Yes | Certain jobs require U. S. citizenship. ALL jobs require individuals have the legal right to work in this country according to federal regulations. |
| Relatives | No member of the immediate family of any supervisor will be employed in that supervisor's department or division, except with written approval. | Yes | Failure to provide information may be cause for rejection of your application, based upon rules of City and County codes. |
| Previously employed by the City or County | Computer retrieval. Evaluate your personnel record. | Yes | Retrieval of your personnel record for consideration based upon past City/County work performance. Failure to provide this information would be considered falsification. |

Explanation of the Equal Employment Opportunity Survey Usage

| | | | |
|---|---|----|--|
| Sex, Age Group, Racial/Ethnic Group, Disability Status, Veteran Status. | To be able to make Equal Opportunity reports as required by law and to provide affirmative action in City/County service. | No | We will not be able to determine whether our selection processes result in unfair discrimination, or to take affirmative action in our hiring. |
|---|---|----|--|

Racial/Ethnic Group Identification

| | | | | |
|--|---|--|--|--|
| <p>1. American Indian or Native American. All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p> | <p>2. Black/African American (not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.</p> | <p>3. Asian or Pacific Islanders. All persons having origins in any of the original peoples of Southeast Asian, Far East, Indian Subcontinent or the Pacific Islands. For example: China, Philippine Islands, Samoa, Japan and Korea.</p> | <p>4. Hispanic/Latino. All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race</p> | <p>5. White (not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.</p> |
|--|---|--|--|--|