



The City of **Columbus**

HUMAN RESOURCES DEPARTMENT
Human Resources • Risk Management
Office (402) 562-4243 • Fax (402) 563-1380

Please answer all questions on the City of Columbus Employment Application.

Print and sign the completed Application.

Submit signed Application, along with a resume (if you wish), to Tammy Orender, Human Resources Director, in one of the following ways:

- Scan and e-mail to tammy.orender@columbusne.us
- Fax to 402-563-1380
- Mail to her attention at PO Box 1677, Columbus, NE 68602-1677
- Drop it off at City Hall (2424 14 Street, Columbus NE)

CITY OF COLUMBUS EMPLOYMENT APPLICATION

A copy of this form is available upon request
PLEASE ANSWER ALL QUESTIONS

2424 14th St * PO Box 1677 * Columbus NE 68602
Phone (402)562-4220 Fax (402)563-1380

All employment offers are contingent on the successful applicant passing medical examinations or drug and alcohol testing as required.

PERSONAL DATA

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Phone Number	If no one answers at this number, alternate name and number		
E-mail address	Position applied for		

**AN EQUAL
OPPORTUNITY EMPLOYER**

It is the policy of the City of Columbus to implement affirmatively equal opportunity to all qualified employees and applicants for employment, without regard to race, color, religion, sex, national origin, age, marital status, disability, or other status protected by Federal or State law.

Are you legally authorized to be employed in the U.S.? U.S. Citizenship Permanent Resident Status Other

If applied with us before, state: When: _____ What Position: _____

If employed by us before, state:

Job Title: _____ Department: _____ From: _____ To: _____

Reason(s) for leaving _____

Give names of any relatives employed by City of Columbus _____

JOB INTEREST

Select Employment Desired: Full-Time Part-Time Temporary Summer

Type of work desired: Clerical Mechanical Technical Other Indoor Outdoor Either

Are you willing to work: Nights? Yes No Weekends and Holidays? Yes No

 Overtime? Yes No Shifts and Rotation Shifts? Yes No

Do you have a valid Driver's License? Yes No

D. L. Number: _____ Expiration Date: _____ Issuing State: _____

Driver's License ever suspended or put on probation: Yes No If Yes, please give details below: _____

Have you ever been convicted of a criminal offense? Are you currently out on bail or on your own recognizance pending trial? (Report all cases except minor traffic violations, sealed or juvenile convictions.) NOTE: An arrest or conviction is not necessarily a bar to employment.

Yes No If Yes, please give explanation below: _____

If you are under age 19, please record age and birth date: _____

EDUCATION AND SKILLS

Select Grade Average

D C B A

Name of Grade School City and State

Name of High School City and State

Graduated? Major Subjects

Name of College City and State

Degree Major Subjects

Units Completed Dates Attended: From and To

Name of College City and State

Degree Major Subjects

Units Completed Dates Attended: From and To

**CITY OF COLUMBUS
EMPLOYMENT APPLICATION**

EDUCATIONS AND SKILLS (Cont'd)

Apprentice, Business or Vocational School or other Training or Skills (Factory or Office Machines Operated, Special Courses, etc.)

List any school activities, offices held, scholarships, honors, etc. (Omit organizations who names indicate race, creed or national origin of their members.)

List any additional special hobbies, skills, vocational training, registrations, licenses, etc.

MILITARY SERVICE

Branch: _____ Final Rank: _____

Date Entered: _____ Date Discharged: _____

Service Schools or Special Experience:

EMPLOYMENT HISTORY

Please list all employment starting with present or most recent employer. Also include relevant voluntary and/or part-time work experience. Account for all periods, including unemployment and service with U.S. Armed Forces. Use additional sheet if necessary.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

**CITY OF COLUMBUS
EMPLOYMENT APPLICATION**

EMPLOYMENT HISTORY (Cont'd)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

WORK RELATED REFERENCES

Give names of at least three persons not related to you who have known you and your work for two or more years.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

**CITY OF COLUMBUS
EMPLOYMENT APPLICATION**

PRE-EMPLOYMENT STATEMENT

I voluntarily give the City of Columbus the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information, I consent to take a physical examination after a conditional offer of employment has been made to me, I understand that I will not be denied employment on the basis of the medical examination, unless the examination reveals that I am unable to perform the essential functions of the job for which I have been offered, with or without a reasonable accommodation. If employed by the City, I understand that such employment is subject to the security policies of the City. If I am employed in a position which requires a driver's license, I agree that maintaining a valid driver's license will be a condition of my continued employment, I represent that all of the information now or hereafter given by me in support of my application is true and complete, I further understand that any false answers or statements, or any omissions made by me on the application or any supplement thereto or in connection with my application for employment and/or employment with the City will be grounds for disciplinary action, up to and including discharge.

AT WILL EMPLOYMENT STATEMENT

I understand and agree that if I am hired by the City of Columbus, my employment and compensation can be terminated, with or without cause, at any time at the option of either the City or myself. I understand that no employee or City official has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Applicant's Signature

Date



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **[One Source, The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Employer] to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **[One Source, The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]**, another outside organization acting on behalf of [Employer], and/or [Employer] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

All Previous Addresses in the Last Seven Years _____

Signature**: _____ Date: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.



INSTRUCTIONS

I hereby authorize the following information request from the Nebraska Adult Central Registry and/or the Nebraska Child Abuse and Neglect Central Register, which is maintained by the Division of Children and Family Services. Agencies agree to use the information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults

All designated fields must be completed or the request will be returned and not processed. If this document is not typed, all information must be clearly printed and legible.

AUTHORIZATION

I authorize the Division of Children and Family Services to conduct the following type(s) of checks:

- Adult Protective Services Central Registry Child Protective Services Central Register

TYPE OF CHECK

Select only one:

- Agency Requested Check Self Check

Is this a request for an Adoption? Yes No

AGENCY INFORMATION: This section must be completed if this is an agency request.

Agency ID Number	Agency Name
<input type="text"/>	<input type="text"/>

APPLICANT INFORMATION

First, Middle, Last Name

Date of Birth	Age	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

E-Mail Address (CFS will use this email as the primary method of contact)

Other names previously used such as former married names, maiden name and nick names used during the past 20 years

Agency ID Number

Agency Name

First, Middle, Last Name

Names and birthdates of your children and children who lived with you

All previous addresses at which you have resided during the past 20 years (minimum City & State):

SIGNATURES & DATES

This signature authorizes the Division of Children and Family Services to conduct the background checks indicated and to release that information to myself or the designated agency. This authorization is valid for a period of 6 months from the date of signature. Custodial guardian signature is required if the applicant is 18 years or younger.

Applicant or Guardian Signature

Date

SELF CHECK

Notary is required for Self-Check only.

Seal of Notary

Notary Public

AGENCY CHECK

The undersigned Agency employee hereby certifies that he or she has verified the identify of the applicant by examining the applicant's identification documents.

Agency Employee Signature

Date

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: (a) a person has taken adverse action against you because of information in your credit report; (b) you are the victim of identity theft and place a fraud alert in your file; (c) your file contains inaccurate information as a result of fraud; (d) you are on public assistance; (e) you are unemployed but expect to apply for employment within 60 days. In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5678688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.

For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>