



Thank you for your interest in joining our team. It's an exciting time in Fremont and we are thrilled that you would like to be a part of it.

To be considered for employment, you must complete the entire application packet, which consists of two or three parts:

1. Employment Application
2. Voluntary Self-Identification Survey
3. Some positions may require an additional questionnaire as part of your application packet

Please read all instructions carefully and write clearly. Double check all sections to make sure you have provided all of the requested information. Unfortunately answers such as "see resume," "will explain" and other such non-specific responses may prevent us from being able to adequately assess your application, so we ask that you refrain from providing such information. All sections on the Application are required, so please make sure that you provide all requested data

Most of the information on the Voluntary Self-Identification Form is optional, however we do ask that you complete at least the top section with your personal information and the position you applied for completed, along with your signature and date on the bottom. By completing these sections, you are verifying that you were given the opportunity to provide this data. The remainder of the form is completely voluntary. Although this information will not affect your eligibility for employment, it will help us in meeting our regulatory requirements.

Incomplete applications and packets cannot be considered for employment.

Once you complete your application, please return it via email to jobs@fremontne.gov or bring a paper copy to the second floor of the Municipal Building at 400 E. Military Avenue. If you have a resume or additional documents that you would like to include with your application, please turn them in with your completed application packet. Your application will be reviewed by our hiring team and you will be contacted if you are selected for an interview. Applications are kept active for 30 days.

Should you have any questions about the status of your application, we do encourage you to contact our HR department at jobs@fremontne.gov.

Please note that all of our positions may require pre-employment drug testing and background checks.

Thank you!

EMPLOYMENT HISTORY - PLEASE PROVIDE ALL EMPLOYMENT INFORMATION (most recent first)

DATES EMPLOYED: _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

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DATES EMPLOYED: _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES - (DO NOT LIST PERSONAL REFERENCES)

NAME	ADDRESS	BUSINESS	TELEPHONE NUMBER	YEARS ACQUAINTED

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS REQUESTED IS CAUSE FOR INELIGIBILITY FOR HIRE, OFFER OF EMPLOYMENT BEING RESCINDED, OR DISMISSAL. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT MAY BE COVERED BY THE CITY'S AGREEMENT WITH A LOCALIZED UNION. SUCCESSFUL COMPLETION OF DRUG TESTING REQUIREMENTS AND/OR PHYSICAL PROVISIONS IS A CONDITION OF EMPLOYMENT.

I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Fremont.

APPLICATIONS WILL REMAIN IN AN ACTIVE FILE FOR A PERIOD OF UP TO 30 DAYS. APPLICANTS MUST REAPPLY FOR NEW POSITION OPENINGS.

By checking this box and typing my name below, I am affirming and acknowledging my signature on this document.

APPLICANT SIGNATURE: _____ DATE: _____

RETURN COMPLETED APPLICATION TO: City of Fremont, HR Dept., 400 E Military Ave, Fremont, NE 68025 or
Email: jobs@fremontne.gov www.fremontne.gov



**EQUAL EMPLOYMENT OPPORTUNITY (EEO)
VOLUNTARY SELF-IDENTIFICATION FORM**

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The employer 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, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. 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 any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment.

Name (Last, First, MI): _____

Street Address: _____

City, State, Zip Code: _____

Position Applied For: _____ Date Applied: _____

Gender Identification (check one)

Female Male

Race/Ethnic Identification (check one):

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

Applicant's Signature

Date