

1723 Harney Street, Omaha, NE 68102-1960  
Human\_Resources@mudnebr.com  
Fax: (402)504-7929

**“An Equal Opportunity Employer,  
Minority, Female, Veteran, Disability”**

DATE \_\_\_\_\_

APPLICANT'S NAME:						
	LAST	FIRST		MIDDLE		
CURRENT ADDRESS:						
	STREET		CITY	STATE	ZIP	
TELEPHONE NUMBER:	CELL PHONE NUMBER:				HOW LONG AT THIS ADDRESS?	
E-MAIL:						
Have you ever been employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, when and where:		Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can you perform the essential functions of the position for which you have applied, with or without an accommodation?  <input type="checkbox"/> with accommodation  <input type="checkbox"/> without accommodation		
When                      Where		Do you have a valid driver's license?  <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you authorized to work for all employers in the United States on a full-time basis or only for your current employer? <input type="checkbox"/> All employers <input type="checkbox"/> Current employer only						
Note: Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.						
Do you have any relatives currently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, relationship to you:						
Note: immediate family is defined as spouse, child, brother, sister, father, mother, grandchild, father/mother-in-law, or grandparents. The District will not hire immediate family members.						
EDUCATIONAL DATA						
NAME	LOCATION	COURSE OF STUDY		GRADUATE	DEGREE	
High School		N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical, Business or Vocational School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any professional, vocational or technical licenses or certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No  If so, please describe:						

**MILITARY SERVICE**

Have you ever served in the U.S. Armed Forces?     Yes     No

Branch: \_\_\_\_\_ Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

List duties in the services, including special training that is relevant to the position for which you have applied:

**EMPLOYMENT HISTORY**

List employment beginning with your most recent of present position. Account for any gaps in your employment.

May we contact your current employer during a background check?     Yes     No

Dates Employed MM/DD/YY	Company Name	Address	City	State	Zip
From	Position Held	Describe Work and Responsibility	Salary	Reason for Leaving	
To					

Dates Employed MM/DD/YY	Company Name	Address	City	State	Zip
From	Position Held	Describe Work and Responsibility	Salary	Reason for Leaving	
To					

Dates Employed MM/DD/YY	Company Name	Address	City	State	Zip
From	Position Held	Describe Work and Responsibility	Salary	Reason for Leaving	
To					

Dates Employed MM/DD/YY	Company Name	Address	City	State	Zip
From	Position Held	Describe Work and Responsibility	Salary	Reason for Leaving	
To					

Skills you have that are related to the job for which you are applying: \_\_\_\_\_

Keyboard speed: \_\_\_\_\_ WMP    Other office equipment: \_\_\_\_\_

Software with which you are proficient: \_\_\_\_\_

Are you willing to work nights and/or rotating shifts:     Yes     No

Are you willing to accept part-time employment?     Yes     No

## Commercial Drivers License History

Information regarding a Commercial Drivers License must be filled out below to be considered for employment as an operator of a commercial motor vehicle. It must be filled out completely and turned in with your application. The information you provide may be used, and your previous employers may be contacted for the purpose of investigating your work history. The District may also require you to provide additional information at a later date.

1. Do you currently have a Commercial Drivers License?  Yes  No

If yes, indicate class and endorsements:	
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2. Have you had a Commercial Drivers License in the past 10 years?  Yes  No

If you answered "No" to either question above, skip to question #3.

If you answered "Yes" to either question above, employment history for the 10 years preceding the date of your application must be listed on the lines provided below. Please include:

- A list of the names and address of your previous employers for which you were an operator of a commercial motor vehicle.
- The dates you were employed by these employers.
- The reason for leaving such employment.

<b>Employer Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Dates Employed:</b>		<b>Reason for Leaving:</b>		
<b>Employer Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Dates Employed:</b>		<b>Reason for Leaving:</b>		
<b>Employer Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Dates Employed:</b>		<b>Reason for Leaving:</b>		
<b>Employer Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Dates Employed:</b>		<b>Reason for Leaving:</b>		
<b>Employer Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Dates Employed:</b>		<b>Reason for Leaving:</b>		

3. Do you certify that all information furnished is true and complete?  Yes  No

<b>Date:</b>	
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<b>Print Name:</b>		<b>Signature:</b>	
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**Position(s) for which you are applying:**

1)		2)		3)	
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**ADDITIONAL INFORMATION**

The form of this application may make it difficult to adequately summarize your complete background. To assist us in placing you in the proper position, you may use the space below to summarize any additional information necessary to describe your full qualifications, abilities and relevant interests:

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The District requires a drug screen for illegal substances, given by a District designated physician, after making an offer of employment to a job applicant. All offers are conditioned on the results of the drug screen. You must be willing to submit to a medically administered drug screen and take any validation tests that may be required.

The District requires a criminal background check after making an offer of employment to a job applicant. All offers are conditional on the results of the criminal background check. An offer of employment may be withdrawn if the criminal background check does not meet District criteria.

The Metropolitan Utilities District considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or veteran status in accordance with federal law. In addition, the Metropolitan Utilities District complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. The District also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with Americans with Disabilities Act and other applicable federal, state and local laws.

**PRE-EMPLOYMENT STATEMENT**

(Please read carefully and sign the statement below)

I understand and agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interview, can be justification for refusal of employment, or if employed, termination from the District's employ.

Any offer of employment I may receive from the Metropolitan Utilities District is contingent upon my successful completion of the District's total pre-employment screening process; including the company's testing, interviews, background check, my satisfactory completion of a post-offer pre-employment medically administered drug screen for illegal substances or other medical tests as required for the job classification to which I am applying. I also understand and agree that, if employed, I may be required to submit to random alcohol or drug screening as required by D.O.T. Requirements of for reasonable cause.

I understand I will be required to sign a separate background check release, and authorization which is in compliance with the Fair Credit Reporting Act, if requested. In consideration of my employment, I agree to comply with policies, rules, regulations and procedures of the company and understand that my employment and compensation can be terminated with cause after one year or without cause or notice before one year, at any time at the option of either the company or myself.

\_\_\_\_\_  
**Date**                                      **Printed Name**                                      **Signature**



# METROPOLITAN

## UTILITIES DISTRICT

### VEVRAA SELF-IDENTIFICATION FORM

This VEVRAA Self-Identification Form is necessary for us to analyze our effectiveness in recruiting and selecting without regard to Veteran status.

The Metropolitan Utilities District is a government contractor and Equal Opportunity Employer and 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 applicants and employees to voluntarily self-identify their Veteran status. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept in a confidential file separate from the Application for Employment and will only be used in accordance with the Vietnam Era Veterans' Readjustment Assistance Act of 1973, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA) and Executive Order 11246. When reported, data will not identify any specific individual.

#### VEVRAA SURVEY

The Metropolitan Utilities District is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined below:

A "disabled veteran" is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
- a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" is any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

An "active duty wartime or campaign badge veteran" is a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed Forces service medal veteran" is a veteran, who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the positions you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below:

I **am not** a protected veteran.

I identify as one or more of the classifications of protected veteran listed above.

As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.



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## VEVRAA POST-OFFER SELF-IDENTIFICATION FORM

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The Metropolitan Utilities District is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined below:

A "disabled veteran" is a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or** a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" is any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

An "active duty wartime or campaign badge veteran" is a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed Forces service medal veteran" is a veteran, who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box(es) below:

- DISABLED VETERAN**
- RECENTLY SEPARATED VETERAN**
- ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN**
- ARMED FORCES SERVICE MEDAL VETERAN**
- I am a protected veteran, but I choose not to self-identify the classification(s) to which I belong.
- I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to what extent appropriate, if you have a condition that might require emergency treatment and; (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.



# METROPOLITAN UTILITIES DISTRICT

## EEO SELF-IDENTIFICATION FORM

This EEO Self-Identification Form is necessary for us to analyze our effectiveness in recruiting and selecting without regard to race, sex, age, or national origin.

The Metropolitan Utilities District is a government contractor and Equal Opportunity Employer and 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 applicants and employees to voluntarily self-identify their gender, ethnicity and race. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept in a confidential file separate from the Application for Employment and will only be used in accordance with federal guidelines. When reported, data will not identify any specific individual.

### PLEASE PRINT LEGIBLY

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

### EEO SURVEY

If you wish to be identified, please complete the survey:

**GENDER:**

Male

Female

**REFERRAL SOURCE(S):**

Newspaper \_\_\_\_\_

Employee Referral \_\_\_\_\_

Metropolitan Utilities District Career Page

On-site Job Board

Workforce Agency \_\_\_\_\_

Internet Job Posting \_\_\_\_\_

Other \_\_\_\_\_

**ETHNICITY:**

I am Hispanic or Latino.

I am not Hispanic or Latino.

**IMPORTANT:** Complete the Race section below only if you checked "I am not Hispanic or Latino" in the Ethnicity section above.

**RACE:**

**Native American/Alaskan Native** – Having origins in any of the original people of North, South or Central America and who maintain tribal affiliation or community attachment.

**African-American/Black** – Having origins in any of the black racial groups of Africa.

**Asian** – Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

**Caucasian/White** – Having origins in any of the original peoples of Europe, Middle East or North Africa.

**Native Hawaiian or Other Pacific Islander** – Having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific islands.

**Two or More Races** – Identifying with more than one of the above five races.