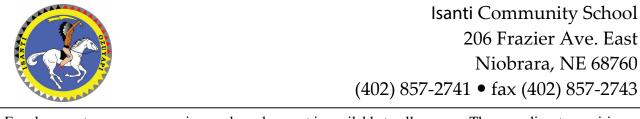
# **APPLICATION FOR EMPLOYMENT**



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a member of Administration.

Name:			Social Security #	
(Last)	(First)	(Midd	lle)	
Address:				
(Street)		(City)	(State)	(Zip)
Telephone: ()	<u></u>	Mob	oile/Other Phone # ()	) –
Position(s) Applied for	:		Date of Application _	//
If necessary, best time to	call you at home is	s: am	n or pm	
May we contact you at w	ork? If <b>n</b>	<b>o</b> , please explain		
Have you submitted an a	pplication here be	efore? Ii	f <b>yes,</b> give date(s) and position	on(s)
Have you ever been emp	loyed here before?	? If yes,	, give dates	
Are you legally eligible for employment in this country? Date available for work				
What is your desired hou	rly rate of pay? \$_		-	
Type of Employment des	ired: □ Full-Time	$\Box$ Part-Time $\Box$ Te	emporary 🗆 UNL Career Lac	lder 🗆 Other
Will you work overtime i	f required			
Driver's license number	required if driving	g may be required i	in the job for which you are a	applying.
		State		

# **EMPLOYMENT HISTORY –** Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employ	yed: to		
	( )		Final Compensation		
Street Address	City/State	\$	per		
Starting job title/final job title	I	Immediate S	upervisor & title		
Why did you leave?					
Summarize the type of work per	formed and job responsibilities				
What did you like most about yo	our position?				
What were the things you liked I	east about the position?				
Employer	Telephone #	Dates employ			
	( )		Final Compensation		
Street Address	City/State	\$	per		
Starting job title/final job title	ļ	Immediate S	Immediate Supervisor & title		
Why did you leave?					
Summarize the type of work per	formed and job responsibilities				
What did you like most about yo	our position?				
What were the things you liked I	east about the position?				
Employer	Telephone #	Dates employ			
-	( )		Final Compensation		
Street Address	City/State	\$	per		
Starting job title/final job title		Immediate Supervisor & title			
Why did you leave?					
Summarize the type of work per	formed and job responsibilities				
What did you like most about yo	our position?				
What were the things you liked I	east about the position?				
Employer	Telephone #	Dates employ			
	( )		Final Compensation		
Street Address	City/State	\$	per		
Starting job title/final job title		Immediate Supervisor & title			
Why did you leave?					
Summarize the type of work per	formed and job responsibilities				
What did you like most about yo	our position?				
What were the things you liked I	east about the position?				
what were the things you liked i	cust about the position:				

# EMPLOYMENT HISTORY (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previ	ous page, have you eve	er been fired	or asked to resign fr	om a job?	
If <b>yes,</b> please explain					
SKILLS AND QUALII Summarize any special tr position for which you ar	aining, skills, licenses a	and/or certi	ficates that may assis	st you in perfo	orming the
Computer Skills (Check □ Word Processing	Years:	Γ	e titles and years of ] E-mail ] Internet	Ye	
Presentation		L		Ie	ais
EDUCATIONAL BAC Starting with your most r		provide the	following informatic	m.	
School (include	City & State)	Years Completed	Completed DiplomaGED Associates Degree Bachelor's Degree Certification Other DiplomaGED Associates Degree	GPA Class Rank	Major/Minor

Bachelor's Degree Certification\_\_\_\_\_ Other \_\_\_\_\_

Diploma \_\_\_\_GED Associates Degree Bachelor's Degree Certification\_\_\_\_\_ Other \_\_\_\_

Diploma \_\_ GED Associates Degree Bachelor's Degree Certification\_\_\_\_\_ Other \_\_\_\_\_

### **RELATED INFORMATION**

List special accomplishments, publications, awards, etc. Exclude information that would reveal race, color, sex, religion, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong?

Is there any other job-related information you want us to know about you?

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that the federal immigration laws require me to complete and I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from the employer's service, whenever it is discovered.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature	of Applicant	ţ

\_\_\_\_\_Date \_\_\_\_/\_\_\_/\_\_\_\_