



516 W 11th Street Suite 108B, Kearney, NE 68845
 (308)233-3100 – (888)669-7154

Application for Employment
This application will be kept on file for 6 months.
Return this form with resume`

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMODATION(S) TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED ACCOMODATION TO COMPLETE THE APPLICATION PROCESS.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided for under applicable state and federal law.

PLEASE PRINT

Name:	First	Middle	Last
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Address:	City:	State:	Zip:
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Phone Number: ()	Email Address:
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Position(s) applied for:	Driver's License Number:	State:
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Have you ever been employed with this organization before?	Yes	No
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If YES give date and position:

Are you employed now?	Yes	No
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Are you on lay-off and subject to recall?	Yes	No
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Are you 18 years of age or older?	Yes	No
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Are you prevented from lawfully becoming employed in this country?	Yes	No
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If hired, you will be required to submit documents sufficient to establish employment authorization and identify in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of Citizenship or immigration status at the time you are interviewed please be prepared to assure us that you can do so immediately upon being hired.

Date available for work?	Pay Desired:	Are you available to work: Full-time Part-time Temporary
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Are you a Veteran of the U.S. Military Service?	Yes	No
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Do you have use of an automobile?	Yes	No
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Are you willing to travel?	Yes	No
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Education

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms, which indicate, for example, race, color, religion, sex, disability or national origin.

	High School	Col ege or Trade School	Graduate/Professional School
School Name:			
Location:			
Years Completed:	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:			
Course of Study:			

Describe additional training, internships, seminars and extracurricular activities:

Please list any additional licenses or special training that may apply to the position:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names, which indicate, for example, race, color, religion, sex, disability or national origin.

May we contact your present employer?	Yes	No
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Employer:		Title:	
Address:			
Phone Number:	Ext.	Dates Employed:	Hourly Rate/Salary:
		From: To:	Start: End:
Supervisor's Name and Title:			
Nature of Duties:			
Reason for Leaving:			

Employer:		Title:	
Address:			
Phone Number:	Ext.	Dates Employed:	Hourly Rate/Salary:
		From: To:	Start: End:
Supervisor's Name and Title:			
Nature of Duties:			
Reason for Leaving:			

Employer:		Title:	
Address:			
Phone Number:	Ext.	Dates Employed:	Hourly Rate/Salary:
		From: To:	Start: End:
Supervisor's Name and Title:			
Nature of Duties:			
Reason for Leaving:			

State additional information that would be helpful in considering your application:

REFERENCES

Please list three references that are not related to you:

1.

Name	Address	Phone
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2.

Name	Address	Phone
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3.

Name	Address	Phone
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APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The organization may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge, if I am hired.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT BETWEEN MYSELF AND THE ORGANIZATION IS TERMINABLE-AT-WILL SO THAT BOTH THE ORGANIZATION AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY REASON OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the organization to determine whether I can perform the job duties. In addition, I understand that a drug or alcohol test may be required depending upon organization policy. I authorize the organization to make a thorough investigation of my past employment, education, and job-related activities and I release from all liability all persons, companies and organizations supplying such information. I also indemnify this organization against any liability that may result from making such investigation.

Additionally, I authorize the organization, in its discretion, to supply my employment record, in whole or in part, to any prospective employer, government agency or other party, with an interest that the company deems appropriate.

Signature of Applicant

Date