



1228 S. 16TH STREET
 OMAHA, NE 68108
 402-342-7181

APPLICATION FOR EMPLOYMENT

**PLEASE FILL OUT COMPLETELY, SIGN & DATE

PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER

NAME (LAST NAME)		(FIRST NAME)		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY		STATE	ZIP CODE
PERMANENT ADDRESS		CITY		STATE	ZIP CODE
PHONE NO. ()			REFERRED BY		

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED	YES	NO	IF SO, MAY WE INQUIRE OF YOUR MOST PRESENT EMPLOYER?	YES	NO
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?		WHEN?	
YES		NO			

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/ RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS: LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

PROFESSIONAL REFERENCES: GIVE BELOW THE NAMES AND CONTACT INFORMATION OF THREE REFERENCES FROM YOUR PREVIOUS JOBS.

NAME	COMPANY	PHONE NUMBER	CO-WORKER OR SUPERVISOR	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to provide any and all information concerning my previous employment and any other information pertinent they may have, personal or otherwise, and release the company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has authority to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in manner prohibited by the Americans with Disabilities Act (ADA) and other federal laws and State. "

SIGNATURE _____ **DATE** _____

INTERVIEWED BY _____ **DATE** _____

DO NOT WRITE BELOW THIS LINE

REMARKS:

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	DORE DEPT.	POSITION	WILL REPORT	SALARY WAGES