



8730 F Street  
 Omaha, NE 68127  
 Ph 402-597-1988  
 Fax 402-597-1873

## Application for Employment

PLEASE PRINT

### PERSONAL

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

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

Position desired? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? YES  NO   
 If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

\_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES  NO   
 (Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES  NO   
 (If no, you may be required to provide authorization to work.)

Have you ever worked under another name? YES  NO  If yes, what was it and what was the reason for the change?

\_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation within the last seven years? YES  NO  If yes, please explain:  
 (A conviction will not necessarily result in the denial of employment.)

\_\_\_\_\_

Have you ever worked for this Company before? YES  NO   
 If yes, where? \_\_\_\_\_

When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company? YES  NO  If yes, who and where do they work?

\_\_\_\_\_

Are you available to work: DAYS  NIGHTS  WEEKENDS  FULL TIME  If you cannot work full time, please explain:

\_\_\_\_\_

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES  NO  If yes, may we contact your employer? YES  NO   
 If presently employed, why are you considering leaving?

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Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES  NO  If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

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Account for any full month since leaving school (high school or college) that you were not working:

	From	To	Reason
Mo/Yr			
Mo/Yr			
Mo/Yr			

## EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES  NO  If yes, please describe:

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List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

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## EMPLOYMENT Start with your present or most recent position

Name of Employer		Telephone Number ( )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
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Name of Employer		Telephone Number ( )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____			
Name of Employer		Telephone Number ( )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed _____ _____			

Use additional sheet of paper if more space is necessary for Employment History.

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment:

\_\_\_\_\_  
\_\_\_\_\_

### ATTENDANCE and PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you were offered a job with this company? YES [ ] NO [ ] If yes, please explain:

\_\_\_\_\_

### PERSONAL or BUSINESS REFERENCES Give three individuals (not relatives or previously listed employers)

Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ( )
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ( )
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____	Telephone Number ( )

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**APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.**

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## **IMPORTANT, PLEASE READ AND SIGN**

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signed: \_\_\_\_\_

Do not write below this line

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## **RESULTS**

Employed: YES [ ] NO [ ]

If Yes, Job Title: \_\_\_\_\_ Department \_\_\_\_\_

Date beginning Employment \_\_\_\_\_ Compensation \$ \_\_\_\_\_ per \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_