

APPLICATION FOR EMPLOYMENT

Confidential



6315 "O" Street, Lincoln, NE 68510
Human Resources: 486-2221 / Main: 489-6591

Rev. _____	Date _____
Interview _____	Date _____
Backgrd check _____	Date _____
Notified _____	Date _____

Print Name In Full _____

_____ Date _____

_____ Last _____ First _____ Middle _____

Address _____

_____ No. & Street _____ Apt. # _____ City _____ State _____ Zip _____

Phone # _____ Alt. Phone # _____ Social Security Number _____

Type of Work Desired:

1st choice _____ Shift _____ Salary _____

2nd choice _____ Shift _____ Salary _____

_____ Days and Hours Available Weekly

_____ Days and Hours Available Weekend/Holidays

Full Time Part Time

On call W/E Program

I can furnish the proper documents to prove my right to work in the U.S. Yes No
(i.e. picture ID and Social Security Card, Birth Certificate, U.S. passport, Certificate of U.S. Citizenship or Naturalization; unexpired foreign passport or resident alien card, both with employment authorization, etc.)

Are you at least 18 years of age? Yes No Are you at least 16 years of age? Yes No

Have you ever been employed by Eastmont Towers? Yes No

If yes, list dates and position: _____

Do you have any relatives working at Eastmont Towers? Yes No

If yes, list them _____

MILITARY SERVICE Have you had military service? Yes No Branch _____

Date of Service: From _____ to _____ Rank at Discharge _____

Who referred you to us for employment? Walk in Employee referral from _____

Newspaper (which one) _____ Employment Agency (which one) _____

Internet Site (which one) _____ Other _____

May we contact your present employer? Yes No

If your former employment references, education or military service are under a name other than indicated, please list below.

_____ Last _____ First _____

Date Month and Year	Name of Employer, City, State, Phone No.	Salary	Position	Supervisor's Name	Reason for Leaving
From _____ To _____ (most recent employer)					
From _____ To _____					
From _____ To _____					
From _____ To _____					
From _____ To _____					

EDUCATION	Name and Location of School	Attended		Did You Graduate?	Title or Degree	Major Subject
		From	To			
High School	_____	_____	_____	_____	_____	_____
College, Trade, Business or Correspondence	_____	_____	_____	_____	_____	_____
Extracurricular Activities, Member of Professional Org., Honors rec'd., volunteer or community service or other qualifications _____						

PROFESSIONAL LICENSES/ AND/OR CERTIFICATIONS

Type	Organization or State Issued	Date Issued	Number
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES Name two professionals who know you, who are not relatives, past employers or personal friends that we may contact as a reference.

1. _____	_____	_____	_____	_____
Name	Address	Zip	Home Phone No.	Work Phone No.
2. _____	_____	_____	_____	_____
Name	Address	Zip	Home Phone No.	Work Phone No.

Have you ever been **convicted** of any offense other than minor traffic violations? Yes No

If yes, list date, nature of offense and place: _____

PLEASE READ:

By signing below, I give Eastmont Towers the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I acknowledge that negative results could result in my not being hired, or if hired, in my employment being terminated. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

If hired, I realize that the relationship between me and Eastmont Towers would be one of employment at will, which means that any employee may leave at any time for any reason upon reasonable and appropriate notice and any employee may be terminated at any time for any reason.

I hereby certify that all of the above answers and statements are true and correct and that there are no omissions of any kind whatsoever. **I understand that I may be immediately discharged for any false statements or answers in this application or any omissions made by me.**

_____	_____	_____
Print Name	Date	Applicant's Signature

FOR OFFICE USE ONLY

Hire Date _____	1 st Scheduled Shift (date & time) _____	Position _____
Department _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Accrued <input type="checkbox"/> PT Non-Accrued <input type="checkbox"/> On call <input type="checkbox"/> W/E Program	Rate of Pay _____ Approx. # of hrs. _____