



Date of Application: _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, or any other legally protected status. Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodations to the application and/or interview process should contact the local office where the position is available.

PLEASE PRINT. TO BE CONSIDERED, THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.

Do not substitute a resume for any reply.

Position(s) Applied for _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code
Telephone _____ If necessary, best time to call you at home is _____ am pm

May we contact you at work? Yes No If yes, best time to call _____ am pm

Work Telephone Number, _____ Social Security Number _____

Valid Driver's License Number _____ State _____ Expiration Date _____

Do you have a vehicle available for your use? Yes No

Have you had any traffic accidents or convictions in the past three years? Yes No
If yes, explain _____

Have you had a DUI / DWI in the past five (5) years? Yes No
If yes, explain _____

Have you ever plead guilty or been convicted of a drug-related offense? Yes No
If yes, explain _____

Have you ever plead guilty or been convicted of a charge of assault or a charge of abuse or neglect? Yes No
If yes, explain _____

Have you ever plead guilty or been convicted of a felony? Yes No
If yes, explain _____

The State of Nebraska requires a criminal background check and sex offender's registry of all new employees as well as a record check through the Nebraska Abuse and Neglect Central Registry. A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN INDIVIDUAL FROM EMPLOYMENT.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Are you 18 years of age or over? Yes No

Are you available to work: Full Time Part Time Substituting/Temporary Shifts

What hours would you be available to work? Day 8:00 am - 4:00 pm Split Shift Overnights 3:00 pm - 8:00 am

On what date would you be available to work? _____

Have you had any previous experience with persons with developmental disabilities? Yes No If yes, describe: _____

List any relatives currently employed by Region I Office of Human Development:

Name Position Location

EDUCATION

	SCHOOL NAME	CITY/STATE	Degree/ Diploma	From-To
High School				
Colleges and/or Universities				
Course of Study				
Special training and/or Extracurricular activities				

List honors or special accomplishments:

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job related functions in the position for which you are applying.

List any additional information you would like us to consider.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

Employer	Telephone	Dates Employed	
		From	To
Address			
Position	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for leaving			

Employer	Telephone	Dates Employed	
		From	To
Address			
Position	Supervisor	Hourly Rate/Salary	
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		From	To
Address			
Position	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for leaving			

If you need additional space, please continue on a separate sheet.

May we contact your current and former employers? Yes No If no, list below whom you do not want contacted:

Why: _____

REFERENCES

List four (4) business/professional (prior employers, co-workers, etc.) references:

Name	Address	Telephone

Please see APPLICANT'S STATEMENT on next page.

APPLICANT'S STATEMENT

I certify that the answers I have given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that any offer of employment or continuation of employment is contingent upon the receipt of satisfactory background reports from the State of Nebraska Abuse and Neglect Central Registry and Law Enforcement.

In the event of employment, I understand that omitting information or providing false information in my application or interview(s) may result in discharge. I also agree to abide by all rules, policies and standards of conduct established by the Agency.

Further, I understand that neither this document, nor the Agency's personnel policies, nor an Agency Notice of Appointment constitute an employment contract. Unless a written contract or employment is issued specifying a definite period of employment, all personnel of the Agency shall serve "at will".

Signature of Applicant

Date