



# APPLICATION FOR EMPLOYMENT

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.

**To be considered, this application must be completed in its entirety. Do not substitute a resume for this application.**

Please Print Name \_\_\_\_\_ email address \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone Number \_\_\_\_\_ Best time to call \_\_\_\_\_ AM \_\_\_ PM \_\_\_

Work Telephone Number \_\_\_\_\_ May we contact you at work? Yes \_\_\_ No \_\_\_

If yes, best time to contact you \_\_\_\_\_ AM \_\_\_ PM \_\_\_

Valid Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have a vehicle for your use? Yes \_\_\_ No \_\_\_

Social Security # \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

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.**

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 19 years of age or over? Yes \_\_\_ No \_\_\_

Availability: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Substitute/ Temporary \_\_\_\_\_ Shifts \_\_\_\_\_

Hours available to work: Day: 8 AM – 4 PM \_\_\_\_\_ Overnight: 3 PM – 8 AM \_\_\_\_\_ Split Shift: \_\_\_\_\_

On what date would you be available? \_\_\_\_\_

Do you have previous experience working 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

Education Level	School Name	City and State	Diploma/ Degree	Dates attended
High School				
Colleges and/ or Universities				
Course of Study				
Special Training				
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.

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List any additional information you would like us to consider.

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**EMPLOYMENT EXPERIENCE**

Employer	Address	Telephone #	Position	Supervisor	Reason for leaving	Dates Employed

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

May we contact your current and former employers?    Yes \_\_\_\_ No \_\_\_\_

Is there any employers you do not want us to contact?

\_\_\_\_\_

\_\_\_\_\_

Why?

\_\_\_\_\_

**REFERENCES**

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

Name	Address	Telephone

Please see **APPLICANT’S STATEMENT** on the 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".

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Signature of Applicant

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Date