



APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to provide equal opportunities and fair treatment to all employees and job applicants in all employment practices. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital status, veteran status, sex, national origin, disability, or any other legally protected status.

Please fill in all blanks. Enter "N/A" if a question is not applicable to you. If you require assistance with completing your application for any reason, please contact our Human Resources office at (402) 339-7776, 11248 John Galt Blvd, Omaha, Nebraska 68137.

(PLEASE PRINT)

NAME _____
First Middle Last

HOME ADDRESS _____
Number Street City State Zip code

TELEPHONE (_____) _____ CELL PHONE (_____) _____

POSITION FOR WHICH YOU ARE APPLYING: _____

AVAILABLE START DATE: _____

PREFER: FULL-TIME PART-TIME

DAYS AND HOURS YOU ARE AVAILABLE FOR WORK: _____

CAN YOU WORK WEEKENDS? YES NO

MINIMUM PAY EXPECTED: \$ _____ PER HOUR MONTH YEAR

Are you at least 19 years of age or older? Yes No

If we hire you, can you submit verification of your legal right to work in the United States, prior to your starting date? (for example: Driver's License and Social Security Card or any other valid documentation) Yes No

Have you ever worked for or are you currently working for us or any related company? Yes No

If yes, please explain: _____

Have you ever been convicted of or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes, please explain: _____

Have you ever been disciplined for violent conduct such as fighting with, injuring or harassing another person while at work? Yes No

If yes, please explain: _____

COMPLETE ALL FOUR PAGES

EMPLOYMENT HISTORY

List your last three (3) employers, including military experience, starting with most recent. Complete all sections.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		STARTING WAGE	ENDING WAGE
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING		
DUTIES & RESPONSIBILITIES			

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR & TITLE		STARTING WAGE	ENDING WAGE
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MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING		
DUTIES & RESPONSIBILITIES			

EDUCATION

LEVEL	NAME & LOCATION	YEARS COMPLETED	MAJOR	DID YOU GRADUATE? If yes, Degree
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
GRADUATE SCHOOL				
TRADE/OTHER				

Please provide additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application: _____

BUSINESS REFERENCES

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN
		HOME WORK	
		HOME WORK	
		HOME WORK	
		HOME WORK	

Are you or is any member of your immediate family an elected or appointed official of the City of La Vista? ("Immediate family" includes any person related to you by blood, marriage, or adoption who lives with you or any person who claims you or who you claim as a dependent for Federal income tax purposes – if in doubt, please write it down.)

Yes No

If yes, please explain: _____

JOB APPLICANT AGREEMENT AND CERTIFICATION

I certify that the information given in this application is true and complete in all respects, and I agree that if the information is found at any time to be false or incomplete in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked and provide documentation as requested concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages by reason of having furnished such information.

As a condition of employment, I agree that all information which I may obtain or have access to in the course of my employment will be treated as confidential and proprietary and will not be disclosed to any unauthorized person either during or after employment.

In consideration of my employment, I agree to conform to my employers' rules and regulations, which may be changed from time to time. I understand that my employment can be terminated at any time, with or without cause, at the option of either the company or me and that if I become employed, that no employee handbook or policy statement constitutes a contract of employment.

Print Name

Signature

Date

DO NOT WRITE BELOW THIS LINE

Date: _____

Interviewed by: _____ Title: _____

Interviewed by: _____ Title: _____

References
Checked: Yes No Date: _____

Background
Checked: Yes No Date: _____

Job offered: Yes No Date: _____

Job accepted: Yes No Date: _____

Starting date: _____ Job title: _____