



516 5th Street • Fairbury, NE 68352 • 402-729-3722

Application For Employment

PERSONAL INFORMATION

DATE _____

SOCIAL SECURITY # _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO _____ ARE YOU 18 YEARS OR OLDER? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES OR NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

SALARY DESIRED _____ ARE YOU EMPLOYED NOW? YES OR NO

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES OR NO

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

DO YOU HAVE A VALID DRIVER'S LICENSE _____ #DL _____

REFERRED BY _____

EDUCATION NAME AND LOCATION OF SCHOOL # OF YRS ATTENDED DID YOU GRADUATE SUBJECTS STUDIED

GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

U.S. MILITARY/NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS (LIST BELOW LAST 3 EMPLOYERS, STARTING WITH LAST ONE FIRST.

DATE MONTH & YEAR	NAME/ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR.

NAME/ADDRESS	BUSINESS	YEARS KNOWN
1.		
2.		
3.		

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. it is unlawful in the state of Nebraska to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Signature of applicant _____

In Case of Emergency Notify _____

NAME/ADDRESS

PHONE #

I certify that all the information submitted by me on this application is true and complete, and i understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if i am employed, my employment may be terminated at any time. In consideration of my employment, i agree to conform to the company's rules and regulations, and i agree that my employment and compensation can be terminated with or without cause and with or without notice at any time either my or the company's option. i also understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice at any time by the company. I understand that no company representative other than its president and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date _____ Neatness _____

Ability _____ Remarks _____

Hired YES OR NO _____ POSITION _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED BY _____