



REGION V SERVICES

(Please Print)

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, gender; national origin, age, disability, marital or veteran status, or any other legally protected status.

Last Name	First Name	Middle Name	Date of Application
Address	Number	Street	City State Zip Code
Telephone Number(s): () _____		Social Security Number	
Cellular/Beeper Number (s): () _____		- -	
Position (s) Applied For		Date Available for Work	
How did you learn about Region V Services or this opening? <input type="checkbox"/> Region V Services Employee: Employee Name _____ <input type="checkbox"/> Newspaper: <input type="checkbox"/> Lincoln Journal Star <input type="checkbox"/> Daily Nebraskan <input type="checkbox"/> Other Newspaper: _____ <input type="checkbox"/> Other Source: _____			
Best time to contact you at home is: _____ AM/PM			
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give Date: _____ And Location: _____			
Do any of your friends or relatives, other than spouse, work for Region V Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names: _____			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>			
Have you ever been <u>convicted</u> * of a violation of law other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____			
*Note: A conviction is <u>not</u> an automatic bar to employment; each case is considered on its own merits in relation to the position applied for.			
Do you have a car to get to work and/or perform required work duties? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any physical condition which may limit your ability to perform the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____			
Are you available to work: <input type="checkbox"/> Full Time (please indicate M T W T F S S / Day, Evening, Overnight) <input type="checkbox"/> Part Time (please indicate days and times available): _____ <input type="checkbox"/> Substitute (please indicate days and times available): _____			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

List below all present and past employment.

EMPLOYMENT HISTORY

Begin with your most recent employment.

1. Name of Company _____
Address of Company _____
Type of Business _____ Telephone _____
Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Name of Supervisor _____
Salary upon beginning work: \$ _____ per _____ Salary upon leaving work: \$ _____ per _____
Job Title: _____ Describe in detail the work you did: _____

Reason for leaving _____

2. Name of Company _____
Address of Company _____
Type of Business _____ Telephone _____
Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Name of Supervisor _____
Salary upon beginning work: \$ _____ per _____ Salary upon leaving work: \$ _____ per _____
Job Title: _____ Describe in detail the work you did: _____

Reason for leaving _____

3. Name of Company _____
Address of Company _____
Type of Business _____ Telephone _____
Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Name of Supervisor _____
Salary upon beginning work: \$ _____ per _____ Salary upon leaving work: \$ _____ per _____
Job Title: _____ Describe in detail the work you did: _____

Reason for leaving _____

Explain any gaps in employment history.

Describe any skills, certificates, licensures and additional background information that you feel are related to the position applied for. Include information on Military service/training.

EDUCATION

School	Name and City of School	Course of Study	Last Year Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Describe any experience you have with persons with disabilities. List any agencies you have worked for.

What is your philosophy regarding services for persons with disabilities?

PERSONAL REFERENCES *Not former employers or relatives.*

Name	Phone Number	Occupation/Connection
1.		
2.		
3.		

APPLICANT'S STATEMENT

I understand, accept and agree that:

I hereby certify that the facts set forth in my application for employment are true and complete to the best of my knowledge. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or if employed, termination of employment.

As a condition of my employment, I will submit to fingerprint and Nebraska Central Registry criminal history inquiries.

My employment may be terminated by Region V Services at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or any locker that may be assigned to me, and I hereby waive all claims of damages on account of such examination.

I may be required to take a physical examination at any time at Region V Service's expense to determine if I am capable of performing the job I am applying for, or may be subsequently hired for. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of the job prior to employment, or in the future during my employment with Region V Services.

As a condition of my continuing employment, I may be required to work any of the following: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. Although Region V Services makes every effort to accommodate individual preferences, business needs may at times make these conditions mandatory.

This is an Application for Employment, and no employment contract is being offered. If I am employed, such employment is for an indefinite period of time, and that Region V Services can change wages, benefits and conditions at any time.

I grant Region V Services permission to make an investigation of my personal references and to contact any former/current employer with the following exception(s): _____

I have read and understand the above.

Date: _____ Signature of Applicant: _____