

SPOUSE ABUSE/SEXUAL ASSAULT CRISIS CENTER
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state and federal law.

IMPORTANT: Please type or print in ink. You may respond to sections 4 through 7 on separate sheets of paper if all relevant blocks are completed and the same format is followed. On **each** sheet write your name and job title for which you are applying.

Under state and federal law, qualified applicants with disabilities are entitled to **reasonable accommodations**. Modifications or adjustments may be provided to assist applicants to complete in the recruitment and selection process, to perform the essential duties of the job or to enjoy equal benefits and privileges of employment available to other employees. An applicant must request an accommodation when needed.

<p>1. Name _____ Last First M.I.</p> <p>Social Security No. _____</p> <p>Address _____ Street</p> <p>_____</p> <p style="text-align: center;">City State Zip Code</p> <p>Phone No. _____ Work Home</p>	<p>2. What position are you applying for?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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3. Do you have a valid Nebraska Driver's License? Yes No*
- Do you have your own transportation? Yes No*
- Are you a legal citizen of the United States? Yes No*
- Have you ever been discharged or forced to resign from any job? Yes* No
- Have you ever been convicted of a felony or a misdemeanor other than a misdemeanor traffic violation? Yes* No

*Use the space below to explain any of the above questions.

4. **EDUCATION:** You may respond to this section on a separate sheet of paper (on each sheet write your name and job title for which you are applying) if all relevant blocks are completed and the safe format is followed.

CHECK HIGHEST SCHOOL YEAR COMPLETED

8	9	10	11	12	13	14	15	16	17	18	19

High School, College, University, Other Schools & Training Courses Name and Location	Dates Attended	Degree/Certificate Received? Type	Major/Minor Field
	from		
	to		
	from		
	to		
	from		
	to		
	from		
	to		

5. List **current** Professional Licenses, Registration, or Certifications (engineering, medical, CPA, etc.)

Licensing Agency	Type of License	Endorsement/Restriction	Date

6. List other skills, education, experience and abilities below. You may include a list of equipment that you know how to use.

7. **EXPERIENCE:** List your work and/or volunteer experience with emphasis on experience that is relevant to the position for which you are applying. Begin with your present or most recent experience. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references.

Do you want to be informed before we contact your present employer? Yes No

Name & Complete Address of Employer	

Your Job Title _____ Type of Business _____

Dates Employed _____

Immediate Supervisor(s) _____ Phone No. _____ Avg. Hrs. Per Week _____

Total Time Employed _____ Full-time Part-time Volunteer
Yrs/Mo

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete Address of Employer	

Your Job Title _____ Type of Business _____

Dates Employed _____

Immediate Supervisor(s) _____ Phone No. _____ Avg. Hrs. Per Week _____

Total Time Employed _____ Full-time Part-time Volunteer
Yrs/Mo

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving:

Experience Continued . . .

Name & Complete
Address of Employer

Your Job Title _____ Type of Business _____

Dates Employed _____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs. Per Week _____

Total Time Employed _____
Yrs/Mo

Full-time Part-time Volunteer

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving:

Name & Complete
Address of Employer

Your Job Title _____ Type of Business _____

Dates Employed _____

Immediate Supervisor(s) _____ Phone No. _____

Avg. Hrs. Per Week _____

Total Time Employed _____
Yrs/Mo

Full-time Part-time Volunteer

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

Reason for Leaving:

If also using personal experiences in addition to education or employment, complete the next page.

All applicants must sign the application at the bottom of the next page.

Personal Experience

Type of Experience:

Date Range or Time Frame:

Description of Experience

How is this relevant to this position?

Personal Experience

Type of Experience:

Date Range or Time Frame:

Description of Experience

How is this relevant to this position?

My signature below certifies that all information on this and all attached pages are true, correct and complete to the best of my knowledge and contain no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify me from consideration for employment, or if hired, may be grounds for termination at a later date. Employers may be contacted as references.

SIGNATURE: _____ DATE SIGNED: _____