

Mental Health Association of Nebraska
1645 N Street
Lincoln, NE 68508
Employment Application Form

PLEASE COMPLETE ENTIRE FORM

DATE _____

Name _____
 Last First Middle Initial

Present address

Number Street City State Zip

How long at this address _____ Social Security No. _____ - _____ - _____

Telephone () _____ If under 18, please list age _____

Position applied for _____ Salary desired _____

Would you consider a volunteer position? YES NO

Availability

How many hours can you work weekly? _____ Can you work nights? _____

Please Mark Your Hours of Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When would you be available to start? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work?

Driver's license number _____ State of issue _____

Have you had any accidents during the past three years? Yes No if yes, how many _____

Have you had any moving violations during the past three years? Yes NO

If yes, how many _____

Please list two references other than relatives or previous employers.

1. Name: _____

2. Name: _____

Phone: _____

Phone: _____

Years Known: _____

Years Known: _____

Address: _____

Address: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Please list your work experience for the **past five years** beginning with your most recent job held. **Experience** If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Please Read Carefully and Sign

By signing this application, I authorize the Mental Health Association of Nebraska to complete background checks, and I indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or, if employed, may result in dismissal. If employed, I agree to conform to the policy and procedures of the Mental Health Association of Nebraska; I further agree that in absence of a written employment contract of definite duration, any employment resulting from this application may be terminated by the Mental Health Association of Nebraska at anytime.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Mental Health Association of Nebraska and all references and employers listed above from all liability for any damage that may result from utilization of such information.

DATE

Signature