



Employment Application (Please print legibly)

Personal Information					
Position Applying For:				Date:	
Full Name:					
	<i>First</i>	<i>Last</i>			<i>Middle Initial</i>
Address:					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
<i>City</i>	<i>State</i>		<i>ZIP Code</i>		
Home Phone: <i>(include area code)</i>			Alternate Phone: <i>(include area code)</i>		
E-mail Address:					
Are you over 18 years old?	Yes	No			
Are you legally eligible for employment in the U.S.?			Yes	No	
Are you bilingual?	Yes	No	<i>If Yes, which languages?</i>		
Have you ever been employed here before?			Yes	No	
<i>If Yes, then give dates & positions:</i>					
Do you have any relatives employed by us?			Yes	No	
<i>If Yes, then please provide the following:</i>	Name				
	Relationship				
	Department				
	Title				

Education								
<i>Please indicate education or training which you believe qualifies you for the position you are seeking</i>								
High School: # of years completed <i>(circle or select one)</i>		1		2		3		4
Diploma:	Yes	No		GED:	Yes	No		
School(s):				City/State:				
College &/or Vocational School: Number of years completed <i>(circle or select one)</i>		1		2		3		4
School(s):				City/State:				
Major(s):				Degree(s):				

Education (continued)

Graduate Degrees or Other Training and Certification:			
School(s):		City/State:	
Course(s):		Degree(s) or Certificate(s):	

Professional License or Membership

You need not to disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

Type of License(s) Held:		State License Number(s):	
License Expiration Date(s):		Other Professional Memberships:	

Employment

List most recent employment first, including U.S. military or relevant volunteer service.

Name of Employer:		Phone #: <i>(include area code)</i>	
Full Address <i>(include Street, City, State & ZIP):</i>		Supervisor's Name & Title:	
Dates Employed:	From:	To:	
Rate of Pay:	Beginning:	Final:	

Describe Work Performed:

--	--	--	--

Name of Employer:		Phone #: <i>(include area code)</i>	
Full Address <i>(include Street, City, State & ZIP):</i>		Supervisor's Name & Title:	
Dates Employed:	From:	To:	
Rate of Pay:	Beginning:	Final:	

Describe Work Performed:

--	--	--	--

Name of Employer:		Phone #: <i>(include area code)</i>	
Full Address <i>(include Street, City, State & ZIP):</i>		Supervisor's Name & Title:	
Dates Employed:	From:	To:	
Rate of Pay:	Beginning:	Final:	
Describe Work Performed:			

Please identify three personal references who would help us get to know you.

Name:		Phone #: <i>(include area code)</i>	
Full Address <i>(include Street, City, State & ZIP):</i>		Relationship:	
Name:		Phone #: <i>(include area code)</i>	
Full Address <i>(include Street, City, State & ZIP):</i>		Relationship:	
Name:		Phone #: <i>(include area code)</i>	
Full Address <i>(include Street, City, State & ZIP):</i>		Relationship:	

Record of Conviction

During the last ten years, have you ever been convicted of a crime other than minor traffic offenses?	Yes	No
<p>If Yes, explain: <i>(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors such as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)</i></p>		

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Lutheran Family Services of Nebraska is true, complete and correct.

I expressly authorize, without reservation, Lutheran Family Services of Nebraska, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

Signature:		Date:	
------------	--	-------	--

Lutheran Family Services of Nebraska is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.



Accredited by the Council on Accreditation



A United Way Agency



Affiliated with Lutheran Services in America