

SOUTHEAST NEBRASKA COMMUNICATIONS, INC.

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date of Application: _____

Name: _____
(Last / First / Middle)

Address: _____
(No. Street / City / State / Zip)

Telephone: (_____) _____ - _____ Email Address: _____

Are you 18 years of age or older? Yes: ___ No: ___

If hired, can you provide written evidence that you are authorized to work in the United States? Yes: ___ No: ___

Have you ever been convicted of a crime? (A conviction is not necessarily a bar to employment) Yes: ___ No: ___

If so, please explain: _____

Do you have a valid Nebraska Drivers License? Yes: ___ No: ___

EDUCATION AND TRAINING

Please Circle Highest Grade Completed in Each Category:

High School
9 10 11 12

College
1 2 3 4 5+

Graduate School
1 2 3 4 5+

Name and Location of High School Attended: _____

Name and Location of colleges or universities attended, degree achieved or in progress, year completed: _____

Technical or Other Education: _____

Other Training or Skills (Office Machines, Typing, Computers, Telecommunications equipment, etc.) _____

JOB INTEREST

Position Desired: _____ Date Available: _____

Do you possess all abilities necessary to perform the essential functions of the position you desire? Yes: ___ No: ___

Are you willing to work nights and weekends if your job requires it? Yes: ___ No: ___

Are you willing to travel and/or work away from home if your job requires it? Yes: ___ No: ___

What interested you in this company? _____

(continued on reverse side)

Please list any relatives or acquaintances employed by this company. _____

Have you ever been an employee of this company? Yes: ___ No: ___ If yes, when? _____

Have you ever applied for work at this company? Yes: ___ No: ___ If yes, when? _____

EMPLOYMENT RECORD

Dates of Employment, Job Title, Supervisor, Company Name and Location

1. _____

2. _____

3. _____

4. _____

5. _____

REFERENCES

Please give the names, addresses, and telephone numbers of three persons, who are not relatives, as references. They should be persons who have known you well during the past few years.

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT

If I receive an offer of employment, I understand and consent to a pre-employment medical exam. I understand that the purpose of this exam is to determine if I am qualified for the position I have been offered and to determine if there is a high probability of substantial harm to myself if I were to perform the particular functions of the position and if I would pose a direct threat to the health and safety of others in the workplace.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related documents, and in interviews. I authorize all individuals, schools, firms, and entities named therein, except for my current employer if so noted, to provide any information requested about me and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant Signature: _____ **Date:** _____