



Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Application for Employment

Please print or type and use blue or black ink. A resume is not a substitute for this application

Please return to: Fresh Start Attn: Monica Zinke 6433 Havelock Ave, Lincoln, NE 68507

402-475-7777 phone                      402-475-7779 fax                      monicaz@freshstarthome.org

**Name** \_\_\_\_\_  
   Last    First    Middle    Maiden

**Address** \_\_\_\_\_  
   Number    Street    City    State/Zip

**Telephone** \_\_\_\_\_ **2<sup>nd</sup> Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Drivers License #** \_\_\_\_\_ **State of Issue** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Desired Position** \_\_\_\_\_ **Salary Desired** \_\_\_\_\_

**Employment Desired** (circle one)                      Full-Time                      Part-Time                      On-Call

**Days/ Hours available to work**  
 (Shifts are 7:30a-4:30p, 4:30p-12a, 11:45p-7:45a; FT positions include more than one of these shifts)  
 Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Date available to begin work:** \_\_\_\_\_

**How did you learn about this position?** \_\_\_\_\_

### Education

Did you graduate from high school or receive a GED Certification?				Yes	No
School Name and Location <small>(college, business, nursing, vocational)</small>	Field of Study		Did you graduate?		Degree or Diploma Earned
	Major	Minor	Yes	No	

Computer skills, related volunteer experience, and other education/training/skills:

### Licenses or Certifications

License/Certification	State	Profession	License/Certification #	Expiration Date

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Employment History** (start with your most current job)

May we contact your current employer for a reference?			Yes	No
Employer	Telephone	Supervisor's Name		
Type of Business	Address			
Your Job Title	Dates of Employment (indicate month & years)		Hours worked per Week:	
	From:	To:		
Duties				
Salary	Reason for Leaving			
Hour	Year			

May we contact this employer for a reference?			Yes	No
Employer	Telephone	Supervisor's Name		
Type of Business	Address			
Your Job Title	Dates of Employment (indicate month & years)		Hours worked per Week:	
	From:	To:		
Duties				
Salary	Reason for Leaving			
Hour	Year			

May we contact this employer for a reference?			Yes	No
Employer	Telephone	Supervisor's Name		
Type of Business	Address			
Your Job Title	Dates of Employment (indicate month & years)		Hours worked per Week:	
	From:	To:		
Duties				
Salary	Reason for Leaving			
Hour	Year			

May we contact this employer for a reference?			Yes	No
Employer	Telephone	Supervisor's Name		
Type of Business	Address			
Your Job Title	Dates of Employment (indicate month & years)		Hours worked per Week:	
	From:	To:		
Duties				
Salary	Reason for Leaving			
Hour	Year			

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

May we contact this employer for a reference?		Yes	No
Employer	Telephone	Supervisor's Name	
Type of Business	Address		
Your Job Title	Dates of Employment (indicate month & years) From: _____ To: _____		Hours worked per Week: _____
Duties			
Salary	Reason for Leaving		
Hour _____	Year _____		

**If necessary, attach a list of other employers or a resume.**

**Military Service**

Have you even been in the armed forces?  Yes  No

**If yes, which branch?** \_\_\_\_\_

Years of service \_\_\_\_\_ Date entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Citizenship**

To be an employee of Fresh Start, you must be a citizen of the United States or have authorization from the Immigration and Naturalization Service to work.

Are you a United States Citizen?  Yes  No

**If no, do you have Employment Authorization?**  Yes  No (please attach a copy)

Do you have form I-94?  Yes  No (please attach a copy)

**Personal Disclosure**

**Have you ever received a ticket, been charged with an offense, or been arrested for anything other than a minor traffic violation?**  Yes  No

(If you are unsure if a ticket, a charge or an arrest was for a minor traffic violation answer "Yes") Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.

If you answered "Yes" to the question above, you must explain each situation including location(s), date(s), and the outcome of each ticket, charge, or arrest: \_\_\_\_\_

\_\_\_\_\_

I affirm that **NONE** of the information identified above in any way involved any of the following:

- (a) felony;  Yes  No
- (b) rape, including statutory rape, or any other sexual assault;  Yes  No
- (c) sexual conduct with a minor of any kind;  Yes  No
- (d) abuse of a minor of any kind;  Yes  No
- (e) public indecency;  Yes  No
- (f) prostitution, pandering, or keeping a place of prostitution;  Yes  No
- (g) assault or battery.  Yes  No

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Please provide any comments or description you would like to, to explain any responses of "yes":

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**References (3 minimum)**

List below names, phone numbers and addresses of persons who are qualified to answer questions concerning your qualifications for the position you seek. *Please use only professional references, not relatives or friends.*

<b>Name</b>		
<b>Company</b>		
<b>Position</b>		
<b>Address</b>		
<b>Phone</b>	1 <sup>st</sup>	2nd

<b>Name</b>		
<b>Company</b>		
<b>Position</b>		
<b>Address</b>		
<b>Phone</b>	1 <sup>st</sup>	2nd

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<b>Address</b>		
<b>Phone</b>	1 <sup>st</sup>	2nd

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organization from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contract of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date