

# Northeast Nebraska Public Health Department

## EMPLOYMENT APPLICATION



### Application Information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street address Apt/Unit #*

\_\_\_\_\_ Email: \_\_\_\_\_  
*City State Zip Code*

Date Available: \_\_\_\_\_ S.S. no: \_\_\_\_\_ Desired salary: \$ \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you a citizen of the United States? Yes  No

If no, are you authorized to work in the U.S.? Yes  No

Have you ever worked for this company? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, explain? \_\_\_\_\_

### Education

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

## References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

## Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

If other than honorable, explain:  
\_\_\_\_\_

**Special Skills, Licenses or Certificates**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and signature**

I certify that my answers are true and complete to the best of my knowledge. I authorize NNPHD to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or people from all liability when responding to inquiries in connection with my application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_