

ESU #17 APPLICATION FOR EMPLOYMENT

207 NORTH MAIN STREET • AINSWORTH, NE 69210
402-387-1420

EMAIL COMPLETED APPLICATION TO: apply@esu17.org

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE)	DATE
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)	
PHONE NUMBER:	CELL PHONE:

EMPLOYMENT DESIRED:

POSITION:	
DATE YOU CAN START:	
ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR EMPLOYER?
HAVE YOU EVER APPLIED TO THIS ESU BEFORE?	WHEN?

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED		MAJOR SUBJECTS	DEGREE
HIGH SCHOOL		YES	NO		
COLLEGE					
OTHER (SPECIFY)					

OTHER INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)
EXCLUDE ORGANIZATIONS THE NAME OR CHARACTER OF WHICH INDICATES RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR OR ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS: LIST THE LAST THREE EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	ADDRESS/PHONE OF EMPLOYER	SALARY/ BENEFIT	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:		PER		
FROM:		\$		
TO:		PER		
FROM:		\$		
TO:		PER		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

BASED ON THE ATTACHED JOB DESCRIPTION, ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS WITHOUT ANY ACCOMODATIONS? YES _____ NO _____

WHAT SPECIAL KNOWLEDGE OR SKILLS DO YOU HAVE THAT WOULD BE HELPFUL IN THIS POSITION?

DO YOU HAVE A VALID DRIVERS LICENSE? YES _____ NO _____

USE THE SPACE BELOW TO INCLUDE ANY ADDITIONAL PERTINENT INFORMATION:

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT MAY, AT THE DISCRETION OF THE EMPLOYER BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

NAME: _____ DATE: _____

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, MILITARY STATUS, OR DISABILITY.