



Application for Employment

211 W. 33rd Street
 P.O. Box 670
 Kearney, NE 68848
 308-865-2141

Federal and state laws prohibit discrimination in employment practices on account of race, color, religion, creed, national origin, ancestry, age, marital status, veteran status, non-job related disability or any other protected group status.

Please print

Name: _____
Last *First* *Middle*

Address: _____
Street *City* *State* *Zip*

Phone: _____

Do you have a legal right to be employed in the U.S.? Yes No

Are you over the age of 18? Yes No

Have you ever been convicted of a crime? Yes No

If yes, provide dates and details _____

How did you hear about us? Newspaper ad Company's website
 Employment Agency Employee
 School Other _____

JOB INTEREST

Position Desired: _____

Wages or Salary Desired: \$ _____ Per: _____

Other positions for which you are qualified? _____

Date available to begin working: _____

Were you ever employed by this organization? Yes No

If yes, When: _____ Where: _____

Rate of Pay: _____ Position: _____

Reason for leaving: _____

EDUCATION

Fill in the information starting with the most recent school attended

Name of School, City and State	Did you Graduate?	Major	Degree	GPA

EMPLOYMENT HISTORY

Company Name		Dates Worked		Positions Held
		From	To	
Address, City, State, Zip				
Phone Number		Duties/Responsibilities		
Name of Supervisor				
Base Starting Wage <input type="checkbox"/> hour	Ending/Current <input type="checkbox"/> hour	Reason for leaving		
Gross per	per			
Income \$ <input type="checkbox"/> year	\$ <input type="checkbox"/> year			
<input type="checkbox"/> Bonus	Amount Received			
<input type="checkbox"/> Incentives	\$			

May we contact this employer for a reference? **Yes** **No**

Company Name		Dates Worked		Positions Held
		From	To	
Address, City, State, Zip				
Phone Number		Duties/Responsibilities		
Name of Supervisor				
Base Starting Wage <input type="checkbox"/> hour	Ending/Current <input type="checkbox"/> hour	Reason for leaving		
Gross per	per			
Income \$ <input type="checkbox"/> year	\$ <input type="checkbox"/> year			
<input type="checkbox"/> Bonus	Amount Received			
<input type="checkbox"/> Incentives	\$			

May we contact this employer for a reference? **Yes** **No**

Company Name		Dates Worked		Positions Held
		From	To	
Address, City, State, Zip				
Phone Number		Duties/Responsibilities		
Name of Supervisor				
Base Starting Wage <input type="checkbox"/> hour	Ending/Current <input type="checkbox"/> hour	Reason for leaving		
Gross per	per			
Income \$ <input type="checkbox"/> year	\$ <input type="checkbox"/> year			
<input type="checkbox"/> Bonus	Amount Received			
<input type="checkbox"/> Incentives	\$			

May we contact this employer for a reference? **Yes** **No**

Company Name		Dates Worked		Positions Held
		From	To	
Address, City, State, Zip				
Phone Number		Duties/Responsibilities		
Name of Supervisor				
Base Starting Wage <input type="checkbox"/> hour	Ending/Current <input type="checkbox"/> hour	Reason for leaving		
Gross per	per			
Income \$ <input type="checkbox"/> year	\$ <input type="checkbox"/> year			
<input type="checkbox"/> Bonus	Amount Received			
<input type="checkbox"/> Incentives	\$			

May we contact this employer for a reference? **Yes** **No**

Employment History continued.

Account for all unemployment other than those due to personal injury, illness or disability.

Skills

Please list any skills that may be related to the job for which you are applying.

Computer Skills _____
Word Processing _____
Software Packages _____
Programming Languages _____
Other _____

References

Please list three work references. If not applicable, please list three personal references other than a relative.

Name	Relationship to You	Address	Phone Number

Other Job Related Information

Are there any organizations that you belong to that are job related? (Do not list any organizations that would reveal race, color, religion, creed, national origin, ancestry, age, marital status, veteran status, non-job related disability or any other protected group status.)

List any awards, publications or special accomplishments (Do not list any that would reveal race, color, religion, creed, national origin, ancestry, age, marital status, veteran status, non-job related disability or any other protected group status.)

Applicant Must Read and Sign

I hereby affirm that the information provided on this application is true and complete. I also understand that any omission or misrepresentation of information provided may result in my rejection or termination from employment.

I authorize the Kearney Clinic to contact and obtain information from all references listed and release any employers or persons listed from liability for any damages from furnishing such information.

In the event of my employment with the Kearney Clinic, I will comply with all of the rules and policies of the employer. I understand that if I am employed, my employment will be at-will for no set period of time, and that my employment may be terminated for any reason at any time by either me or the Kearney Clinic.

This certifies that I have read and fully understand the above statement.

Applicant Signature

Date