

APPLICATION FOR EMPLOYMENT

# The Nebraska Masonic Home

An Equal Opportunity Employer

Instructions: Please print all information and complete every part of this application. If there is a question which does not apply to you, mark "N/A". Do not leave any question unanswered. Any false, misleading or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.

Position(s) applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Today's date: \_\_\_\_\_ Date you can start: \_\_\_\_\_

How did you learn about this job? \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Home address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you available  Full-time  Part-time  Temporary

Please describe any work schedule limitations: \_\_\_\_\_

Have you applied for a job with us before?  No  Yes State date: \_\_\_\_\_

Have you been employed by us before?  No  Yes If yes, state date(s) and job(s):  
\_\_\_\_\_

Do you have any relatives employed by us?  No  Yes, the following relatives:  
\_\_\_\_\_

Are you at least 17 years old?  No  Yes

If not, are you at least 16 years old?  No  Yes

Have you ever been convicted of a felony, or of any crime relating to theft or dishonesty, or involving acts of violence?  
 No  Yes, as follows:  
\_\_\_\_\_

**NOTE: A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job for which the applicant applied.**

Are you a citizen of the United States, or specifically authorized to be employed in the United States?

No  Yes

**NOTE: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.**

Do you have a valid Nebraska driver's license  No  Yes

If "No", please explain: \_\_\_\_\_

### PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent (omit dates for jobs held more than five years ago).

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer telephone: (\_\_\_\_) \_\_\_\_\_

Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Salary/bonus: \_\_\_\_\_

What you liked most about job: \_\_\_\_\_ What you liked least: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer telephone: (\_\_\_\_) \_\_\_\_\_

Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Salary/bonus: \_\_\_\_\_

What you liked most about job: \_\_\_\_\_ What you liked least: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer telephone: (\_\_\_\_) \_\_\_\_\_

Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_ Salary/bonus: \_\_\_\_\_

What you liked most about job: \_\_\_\_\_ What you liked least: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## EDUCATION AND TRAINING

Name and location of High School: \_\_\_\_\_

Graduated:       No       Yes

List technical or trade school, college and postgraduate education, if any:

	Level Completed	Degree	Major Subjects
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## OTHER SKILLS

Describe any computer, office machine, tool or equipment skills and proficiency level:

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Describe any other special skills or qualifications which may help you in the position applied for:

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List all professional licenses or certificates held, including State, license or certificate type, date issued, and license or certificate number.

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List any relevant professional or business organizations to which you belong (Optional):

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## VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Discharge date: \_\_\_\_\_ Honorable discharge?     No     Yes

**NOTE: A less than honorable discharge will not automatically disqualify an applicant from employment.**

**REFERENCES**

List three personal references, other than prior employers or relatives, whom we can contact.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ Occupation: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ How long know: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ Occupation: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ How long know: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ Occupation: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ How long know: \_\_\_\_\_

**The Nebraska Masonic Home**

\_\_\_\_\_  
Applicant Name

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize The Nebraska Masonic Home to investigate all statements contained in this application for employment and to investigate my character, qualifications, prior work, educational history, experiences and incidents. I authorize my prior employers, references, and others with information regarding my work or educational history, experiences and incidents, or my character, to provide The Nebraska Masonic Home with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I understand that this is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within The Nebraska Masonic Home has the authority to make oral contracts of employment. If hired, my employment relationship with The Nebraska Masonic Home is terminable at-will, with or without cause, by either myself or The Nebraska Masonic Home.

I also understand that my employment may be conditioned upon a favorable health evaluation which may include drug testing and/or a medical examination by a physician selected by The Nebraska Masonic Home, to which I hereby consent.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

a.m.

p.m.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date and Time