



3568 Dodge Street, Suite 2  
Omaha, NE 68131

**AN EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT**

POSITION APPLIED FOR \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State ZIP

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email \_\_\_\_\_ Contact me during the hours of \_\_\_\_\_

Were you previously employed by us? Yes / No If yes, when? \_\_\_\_\_

Have you previously applied for employment with us? Yes / No If yes, when? \_\_\_\_\_

How did you hear of NFSN? \_\_\_\_\_

Please list any relatives who work for NFSN \_\_\_\_\_

Were you referred by an NFSN employee? Yes / No If yes, name of employee \_\_\_\_\_

**RECORD OF EDUCATION**

Type	School Name and Address	Check last year completed				Did you graduate?	Course of Study
		9	10	11	12		
High School		9	10	11	12	Yes / No	
College		1	2	3	4	Yes / No	
Graduate		# Hours Completed: _____				Yes / No	
Other (specify)		1	2	3	4	Yes / No	

List Professional License or Certification numbers/expiration dates \_\_\_\_\_

List any skills or abilities you have acquired through training or experience \_\_\_\_\_

**EMPLOYMENT INFORMATION**



## PRESENT AND PAST EMPLOYMENT (MOST RECENT FIRST)

Name & Address of Employer		Please be specific and complete Job Title _____	<i>Reason for leaving?</i>
From Mo/Yr	To Mo/Yr	Job Duties _____ _____ _____ _____	<i>Starting Salary</i>
Nature of Business/Agency			<i>Final Salary</i>
Phone No.			<i>May we contact this employer? Yes / No</i>
<i>Name of Supervisor &amp; Title</i>			

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Please explain any gaps in employment history \_\_\_\_\_

Please list any non-paid or volunteer experience including practicum and internships. Provide names and telephone numbers of those who supervised you.

The facts set forth in my application for employment are true and complete. I understand that false statements on this application shall be considered cause for dismissal. In addition, employment is contingent upon receipt of satisfactory work references, background checks, and completion of a medical examination (if required).

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand that I am to notify the NFSN Personnel Department if I am ever convicted of a felony.

This application will be active for **60** days only.

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

**FOR PERSONNEL USE:**

<i>Date</i> _____		<i>Schedule (date/time)</i> _____	
<i>Additional Information</i> _____			
_____			
_____			
<i>Referral Data</i>			
Date	Position	Department	Result