



1240 N. 19th St. Nebraska City, NE 68410 402-873-3337

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and /or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____

Position(s) applied for or work desired: _____

Address: _____

Telephone #: _____ Cell #: _____

Social Security #: _____ Type of work desired: Full Time Part-time Temporary

Date you will be able to start work: _____

Do you have any objection to working nights and weekends? Yes _____ No _____

Can you be around and use cleaning chemicals? Yes _____ No _____

Have you been previously employed by our organization? Yes _____ No _____ If yes, when: _____

Can you submit proof of legal employment authorization and identity? Yes _____ No _____

If you are under 18, can you furnish a work permit if it is required? Yes _____ No _____

Have you been convicted of a crime in the last 7 years? Yes _____ No _____

If yes, please explain (a conviction will not automatically bar employment): _____

How were you referred to us: _____

Employment History Please provide all employment information for your past three employers starting with the most recent.

Employer: _____ Position Held: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

Dates employed: from _____ to _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

.....Over to continue.....

Dates employed: from _____ to _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Employer: _____ Position Held: _____

Address: _____ Telephone: _____

Immediate Supervisor and Title: _____

Dates employed: from _____ to _____ Salary: _____

Job Summary: _____

Reason for leaving: _____

Other Skills and Qualifications Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Education History List school name and location, years completed, course of study, and degrees earned.

High School: _____ Year Graduated _____

College: (list all) _____

College: (Continued) _____

Technical Training/Other: _____

References List three references names, telephone numbers, and years known (do not include relatives or employers)

Value Added Use the below lines to explain why you would be an asset to the Ambassador Wellness Center and its members.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is not specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____