



## Employment Application

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**Name**

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**Position applying for**

**Date**

Educare of Omaha, Inc. is committed to a policy of equal employment opportunity and considers all persons without regard to race, color, religion, age, sex, national origin, disability, marital status, sexual orientation or any other legally protected classification as defined by city, state, or federal law.

Educare of Omaha, Inc. fully supports and complies with the requirements of the Immigration Reform and Control Act of 1986. All applicants who are offered employment with Educare of Omaha, Inc. will be required to submit documentation attesting to their identity and authorization to work in the United States as required by applicable law.

Please answer all questions as completely as possible. Your application will be active for sixty (60) days for consideration. After that you must reapply. We encourage applications from qualified individuals with disabilities. You may request any need accommodation to participate in the application process. You may be tested for drug use.

### PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone (Home) \_\_\_\_\_ Telephone (Cell) \_\_\_\_\_

Are you at least 18 years of age or older \_\_\_Yes \_\_\_No If under 18, your age \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States? \_\_\_Yes \_\_\_No

### EMPLOYMENT DESIRED

Date you can begin \_\_\_\_\_ Salary Desired \_\_\_\_\_

Would you work: Full-Time \_\_\_ Part-Time \_\_\_ Temporary \_\_\_

Specify day and hours if part-time \_\_\_\_\_

Are you available for local travel if job requires it? \_\_\_Yes \_\_\_No

Do you have any relatives employed by Educare? \_\_\_Yes \_\_\_No

If yes, who? \_\_\_\_\_

Have you previously been employed by Educare? \_\_\_Yes \_\_\_No

Do you have a disability? \_\_\_Yes \_\_\_No

If yes, do you need special accommodations? \_\_\_\_\_

Do you smoke? \_\_\_Yes \_\_\_No

Have you ever been discharged or requested to resign from a position: \_\_\_Yes \_\_\_No

If yes, give circumstances \_\_\_\_\_

EDUCATION AND TRAINING

Name	No. of Yrs. Attended	Graduated (Yes or No)	Major Courses	Degree
High School _____				
College _____				
Post Graduate _____				
Were you in the United States Armed Forces?			___Yes ___No	
If yes, what branch? _____		Dates of Duty _____		
Other Specialized Training _____				
Do you speak and/or write in a language other than English?			___Yes ___No	
If yes, what language? _____				

WORK EXPERIENCE REFERENCES

Please list references other than relatives.

Name	Position	Company	Phone	Years Acquainted
1 _____				
2 _____				
3 _____				

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

**OCCUPATIONAL HISTORY**  
(Starting with Last Employer First)

1. Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

Supervisor \_\_\_\_\_ Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

Job Title and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

PLEASE READ CAREFULLY:

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information or failure to fully complete this application is grounds for refusal to hire or, if hired, dismissal.

I authorize any of the persons or organizations referred to in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information and I will indemnify you against any liability that may result from making such investigation.

In consideration for my employment by Educare of Omaha, Inc., I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, suspended, withdrawn, or added to by Educare of Omaha, Inc. at any time at Educare of Omaha, Inc.'s sole option and without any prior notice to me.

I further acknowledge that my employment is at-will and that my employment, or any offer of employment, if such is made, or my acceptance of an employment offer, if such is to occur, may be terminated or withdrawn, with or without cause, and with or without prior notice, at any time, at the option of Educare of Omaha, Inc. or myself. I understand that no representative of Educare of Omaha, Inc. other than the Project Director and then only signed and in writing, has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or mark any agreement contrary to the foregoing. I understand that I cannot rely on any contrary oral or written statements.

I understand than my employment and continued employment, if I am hired, is contingent upon the results of periodic police and NHHSS checks and periodic credit reports, and I expressly authorize Educare of Omaha, Inc. to obtain such police reports, NHHSS reports and credit reports in accordance with the Fair Credit Reporting Act.

Date: \_\_\_\_\_ Signature \_\_\_\_\_