



Eastern Nebraska Community Action Partnership (ENCAP)

2406 Fowler Avenue, Omaha, NE 68111

PH: 402-453-5656 FAX: 402-451-3057

Web address: <https://encapnebraska.org/>

APPLICATION FOR EMPLOYMENT

(Please complete all of the application *even if submitting a resume.*)

PERSONAL INFORMATION				
Name (Last, First, Middle Initial)				Today's Date
Street Address	Apt.	City	State	Zip Code
Mobile Phone		Social Security Number (SSN)		Date of Birth
Home Phone (leave blank if same as mobile #)		Are you 18 years of age or older?	Gender	Are you legally authorized to work in the US?

DESIRED EMPLOYMENT		
Position desired	Date you can start work	Hourly/Salary Desired
Have you ever applied for employment with us? If so, please indicate the month/year.	Can you perform the essential functions of this job with or without reasonable accommodations? If not, indicate accommodations needed.	
How did you learn about this position? Please specify which ad(s) if due to an advertisement.		
What type of job are you seeking?	Do you have a driver's license?	Driver's License Number & State Issued
Are you available for: (check all that apply)		
<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays		

EDUCATION				
SCHOOL LEVEL	Name and Location of School	No. of years completed	Did you graduate?	Degree/Diploma
				Date Received
High School				
College				
Trade, Business or Correspondence School				
Membership in professional or civic organization that would have some bearing on this job?				
Special Training:				
Special Skills/Bilingual:				

EMPLOYMENT HISTORY			
(Begin with your most recent employer)			
Company Name (most recent employer)			
Street Address	City	State	Zip Code
Dates Employed		Job Title	
From:	To:		
Starting Hourly/Salary	Final Hourly/Salary	May we contact your supervisor?	
\$	\$		
Name of Supervisor	Supervisor's Title and Phone #	If you said no to the above question, please provide reason.	
	Job Title: Phone:		
Description of work			
Reason for leaving			

FORMER EMPLOYERS CONTINUED

Company Name			
Street Address	City	State	Zip Code
Dates Employed		Job Title	
From:	To:		
Starting Hourly/Salary	Final Hourly/Salary	May we contact your supervisor?	
\$			
Name of Supervisor (First & Last Name)	Supervisor's Title and Phone #	If you said no to the above question, please provide reason.	
	Job Title: Phone:		
Description of work			
Reason for leaving			

Company Name			
Street Address	City	State	Zip Code
Dates Employed		Job Title	
From:	To:		
Starting Hourly/Salary	Final Hourly/Salary	May we contact your supervisor?	
\$			
Name of Supervisor (First & Last Name)	Supervisor's Title and Phone #	If you said no to the above question, please provide reason.	
	Job Title: Phone:		
Description of work			
Reason for leaving			

SERVICE RECORD

Have you ever served in the U.S. Armed Forces?	Branch of Service	Rank	Discharge Date
Describe any training received that is relevant to the position that you are applying for:			
Have you ever been convicted of a felony or misdemeanor (moral turpitude) other than a minor traffic violation?	If yes, then explain.		
A conviction record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.			

PROFESSIONAL REFERENCES

Please give the names of three **non-relatives** whom you have known at least one year.

NAME <i>(First and Last)</i>	RELATIONSHIP <i>(<u>Cannot</u> be family members)</i>	YEARS KNOWN <i>(1 year minimum)</i>	PHONE NUMBER <i>(Work and/or Mobile)</i>

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

"I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information."

"I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date

Signature

EQUAL OPPORTUNITY EMPLOYER