



APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire - An Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last, First, Middle Initial)			Social Security Number	
Present Street Address	Apt.	City	State	Zip
Permanent Street Address	Apt.	City	State	Zip
Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home Phone	Work Phone	Mobile Phone	Email

DESIRED EMPLOYMENT

Position		Date you can start	Salary Desired
Currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Current Salary
Ever applied to ADA/DC of Nebraska before? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, what position?	If yes, when?
Ever worked for ADA/DC of Nebraska before? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, in what position?	If yes, when?
Name of last supervisor at ADA/DC of Nebraska		Reason for leaving ADA/DC of Nebraska position	
How did you learn of the position for which you are applying?			

EDUCATION

Level	Name & Location of School	Did you graduate?	No. Years Attended	Degree Earned	Major or Emphasis
High School					
Trade, Business or Correspondence School					
Undergraduate College					
Graduate College					

SPECIAL STUDIES & SKILLS

Subjects of Special Study or Research Work:
Special Training
Computer Proficiency
Special Skills

PREVIOUS EMPLOYMENT

List your last three employers below, beginning with the most recent.

Name of Current or Last Employer			
Address	City	State	Zip
First Date of Employment	Last Date of Employment	Position	
Starting Salary	Current or Final Salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor		Title	Phone
Describe the work you perform(ed) in this position.			
Why are you considering leaving or why did you leave this position?			

Name of Previous Employer			
Address	City	State	Zip
First Date of Employment	Last Date of Employment	Position	
Starting Salary	Final Salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor		Title	Phone
Describe the work you performed in this position.			
Why did you leave this position?			

Name of Previous Employer			
Address	City	State	Zip
First Date of Employment	Last Date of Employment	Position	
Starting Salary	Final Salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor		Title	Phone
Describe the work you performed in this position.			
Why did you leave this position?			

REFERENCES

Enter the information for at least three persons who are not related to you, have known you at least one year and are familiar with your work.

	NAME	BUSINESS	ADDRESS	CITY	STATE	ZIP	No. Years Acquainted
1							
2							
3							
4							
5							

MILITARY SERVICE

Branch of Service	Dates of Service
Rank at Discharge	Type of Discharge

LEGAL INFORMATION

Legally eligible to accept employment in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain.
Convicted of a felony within the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, explain. (Will not necessarily exclude you from consideration.)

COMMENTS

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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 immediate dismissal.

I authorize investigation of all statements contained herein. I authorize the references and employers listed to provide ADA/DC of Nebraska all information concerning my previous employment and any pertinent information they may have, personal or otherwise and ADA/DC of Nebraska from all liability for any damage that may result from the utilization of such information.

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

Date

Printed Name

Signature

Return completed application to:
ADA/DC of Nebraska
Attn: Denise
8205 F Street
Omaha, Nebraska 68127-1779

Fax: 402-592-1503
Email: denise@NebMilk.org

For questions regarding the application call:
402-592-3355

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APPLICANT EVALUATION**
(Based on Application, Resume, Interview or References)

Evaluator

Date

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Hiring Recommendation

Hire <input type="checkbox"/>	Not Hire <input type="checkbox"/>
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Candidate Evaluation

	Poor	Fair	Satisfactory	Good	Excellent
Knowledge of Specific Job Skills					
Related Job Experience					
Related Education or Training					
Initiative					
Communication and Listening Skills					
Attitude					
Interest in ADA/DC of Nebraska Position					

Strengths

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Weaknesses

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Comments

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