



1801 North 1st Street
Lincoln, NE 68508
402-475-8832

Employment Application

Equal Access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, sex (including pregnancy), disability, marital status, national origin, age, genetic information or any other basis protected by federal, state, and/or local law.

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

DRIVING HISTORY

Drivers Licenses (List all your current driver's licenses)

State _____ License# _____ Type _____ Exp. Date _____

Have you ever been denied a driver's license, permit or privilege to operate a motor vehicle? Yes No

Has your driver's license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either question is yes, please explain: _____

Have you ever been denied a driver's license, permit or privilege to operate a motor vehicle? Yes No

Has your driver's license, permit or privilege ever been suspended or revoked? Yes No

Criminal Background

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? NOTE: Answering "yes" to this question does not constitute an automatic bar to employment.

Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____
College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my application for employment is true and complete, and I understand that, if employed, false or omitted statements on this application or any other company documents will subject me to immediate dismissal. I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, and personal habits may be obtained prior to any offer of employment. It is understood that completion of this application does not mean a job opening exists and in no way obligates Office Innovations, LLC to employ me.

I further authorize all contacted persons and current and former employers to provide information concerning this application, my previous employment, my background and suitability for employment, and I release such persons and former employers from liability for providing such information. I also release Office Innovations, LLC from all liability for any damage that may result from utilization of such information.

Signature: _____ Date: _____

Name of Applicant (Please print) _____



Lincoln Office
1801 N. First Street
Lincoln, NE 68508
Telephone: (402) 475-8832

Omaha Office
8722 Washington Circle
Omaha, NE 68127
Telephone: (402) 898-9948

EEOC Pre-Employment Information Form

Please complete this information to assist us in complying with Equal Employment Opportunity record keeping and reporting requirements. Providing this information is voluntary. Refusal to provide this information will not result in any adverse treatment. This pre-employment information form will be kept in a separate, confidential file and will be used for required government reporting purposes only. Qualified applicants are considered for employment, and associates are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, disability, or covered veteran status.

PLEASE PRINT

Date: _____ Name: _____

Position Applying For: _____

RACE/ETHNIC GROUP:

American Indian Asian Black Hispanic White Other _____

REFERRAL SOURCE:

Newspaper Employment Agency Walk-In Internet Other _____

SEX: Male Female **VIETNAM ERA VETERAN:** Yes No

Applicants Signature: _____

NOTE: DO NOT COMPLETE BELOW THIS LINE UNLESS JOB OFFER HAS BEEN MADE

Are you mentally or physically disabled? Yes No Are you a disabled veteran? Yes No