

This application must be accompanied by a cover letter and resume. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, sex (including pregnancy, gender identity, transgender status, and sexual orientation), national origin, age, disability, genetic information, gender expression, marital status, citizenship, military status, language, veteran's status, mental disorder, political affiliation, parental status, or any other characteristic or status protected law. EOE/ADA

Personal Information

Date: _____ Last Four Digits of Social Security Number: _____

Name _____
Last First Middle

Current Address _____
Street City State Zip Code

Phone Number () _____ Email _____

Are you 18 years of age or older? YES or NO

Have you ever been convicted of a crime other than a traffic offense? YES or NO

If yes, when, where, and what was the disposition of the case? _____

Convictions will not necessarily disqualify an applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered. Failure to disclose conviction information may be cause for disciplinary action or termination of employment.

Are you legally eligible for employment in the United States? YES or NO

Employment Desired

Position _____ Date you can start _____

Are you employed now? YES or NO

Have you ever applied to Region 3 before? YES or NO

If so, what position? _____ If so, when? _____

Have you ever worked at Region 3 before? YES or NO

Under what name? _____ What position? _____

When? _____ Who was your supervisor? _____

Education

| School Level | School Name, City, and State | Number of Years Attended | Did you Graduate? | Type of Degree or Diploma |
|-----------------|------------------------------|--------------------------|-------------------|---------------------------|
| High School | | | | |
| College | | | | |
| Graduate School | | | | |

Employment History

May we contact your present employer(s)? YES or NO / May we contact your former employers? YES or NO

Present and Former Employers: List below last three employers, starting with the most recent first:

| | |
|--|------------------------------|
| Employer Name: _____ | Employer Phone Number: _____ |
| Address: _____ | City/State/Zip: _____ |
| Supervisor's Name: _____ | Supervisor's Title: _____ |
| Job Title: _____ | Wage: _____ |
| Dates Employed From (Month/Year) - To (Month/Year) _____ | |
| Reason for Leaving: _____ | |
| Describe the Work Performed: _____ | |
| _____ | |
| _____ | |

| | |
|--|------------------------------|
| Employer Name: _____ | Employer Phone Number: _____ |
| Address: _____ | City/State/Zip: _____ |
| Supervisor's Name: _____ | Supervisor's Title: _____ |
| Job Title: _____ | Wage: _____ |
| Dates Employed From (Month/Year) - To (Month/Year) _____ | |
| Reason for Leaving: _____ | |
| Describe the Work Performed: _____ | |
| _____ | |
| _____ | |

| | |
|--|------------------------------|
| Employer Name: _____ | Employer Phone Number: _____ |
| Address: _____ | City/State/Zip: _____ |
| Supervisor's Name: _____ | Supervisor's Title: _____ |
| Job Title: _____ | Wage: _____ |
| Dates Employed From (Month/Year) - To (Month/Year) _____ | |
| Reason for Leaving: _____ | |
| Describe the Work Performed: _____ | |
| _____ | |
| _____ | |

How were you Referred?

- | | |
|---|--|
| <input type="checkbox"/> NE Workforce Development | <input type="checkbox"/> Current Employee: _____ |
| <input type="checkbox"/> NebraskaBehavioralHealthJobs.com | <input type="checkbox"/> Region 3 Website |
| <input type="checkbox"/> College Job Board: _____ | <input type="checkbox"/> Community Member |
| <input type="checkbox"/> Indeed.com: _____ | <input type="checkbox"/> Other: _____ |

Professional References

List below three persons, not related to you, whom you have professionally known at least one year.

| Name | Address/Phone Number | Employer/Title | Years Acquainted |
|------|----------------------|----------------|------------------|
| | | | |
| | | | |
| | | | |

In Case of Emergency, Notify _____ () _____
Name Phone Number

Authorization

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated. I authorize investigation on all statements contained in this Application. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without cause and with or without any previous notice (employment-at-will).

Signature _____ Date _____

3/09, 2/10, 12/16, 12/22