

**Application for Employment at** \_\_\_\_\_

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

**Personal Information**

Applicant name: \_\_\_\_\_  
(last, first, middle initial)

Current address: \_\_\_\_\_  
(number, street, city, state, ZIP code)

Primary phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you legally authorized to work in the United States? Yes  No

(Proof of identity and authorization to work in the U.S. will be required upon employment.)

**Work Availability**

Our business may occasionally require work on evenings, weekends or on short notice.

Are you able to work evenings, weekends or on short notice as needed for this position?

Yes  No

If necessary, please explain:

\_\_\_\_\_

Can you reliably get to and from work at our location for your scheduled shifts?

Yes  No

How soon are you available to start work? \_\_\_\_\_

**Education**

List your education history starting with the most recent.

School name and location: \_\_\_\_\_

Years attended: \_\_\_\_\_ Did you graduate? Yes  No

Degree, diploma or certificate (if any): \_\_\_\_\_

School name and location: \_\_\_\_\_

Years attended: \_\_\_\_\_ Did you graduate? Yes  No

Degree, diploma or certificate (if any): \_\_\_\_\_

School name and location: \_\_\_\_\_

Years attended: \_\_\_\_\_ Did you graduate? Yes  No

Degree, diploma or certificate (if any): \_\_\_\_\_

## Employment History

List your last three employers, starting with your most recent. You may attach a résumé, but please complete this section as well.

### Employer 1

Employer name: \_\_\_\_\_

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Supervisor name and phone: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

### Employer 2

Employer name: \_\_\_\_\_

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Supervisor name and phone: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

### Employer 3

Employer name: \_\_\_\_\_

Address: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Supervisor name and phone: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

May we contact your current employer? Yes  No  Not applicable

## References

List three people (not relatives) who are familiar with your work performance.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**Applicant Certification and Authorization**

I certify that the information provided in this application (and any résumé or other documents I submit) is true and complete to the best of my knowledge. I understand that any false, misleading or incomplete information may disqualify me from further consideration for employment, and, if I am hired, may result in termination of employment.

I understand that this application is not a contract, offer or promise of employment. If hired, I understand that my employment will be “at will,” which means that either I or \_\_\_\_\_ (employer) may terminate the employment relationship at any time, with or without cause and with or without notice, subject to applicable law. No representative of the company has authority to enter into any agreement contrary to the foregoing unless it is in a written agreement signed by an authorized representative of the company.

I authorize \_\_\_\_\_ (employer) to contact the references and former employers I have listed, as well as any other individuals or entities appropriate to verify the information I have provided, and to obtain information related to my work history, performance and qualifications for employment. I release \_\_\_\_\_ (employer) and all such persons providing information from any liability that may result from furnishing or using this information, to the extent permitted by law.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of applicant: \_\_\_\_\_

**Equal Employment Opportunity Notice (optional but recommended)**

\_\_\_\_\_ (employer) is an equal opportunity employer. Employment decisions are made without regard to race, color, religion, sex, national origin, marital status, disability, age, genetic information, or any other status protected by applicable federal, state or local law. Applicants who require a reasonable accommodation to complete the application or hiring process may contact us to discuss their needs.

## Hiring checklist for agricultural employment

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date Activity

- \_\_\_\_\_ Received job application
- \_\_\_\_\_ Reviewed job application
- \_\_\_\_\_ Scheduled initial job interview
- \_\_\_\_\_ Completed initial job interview
- \_\_\_\_\_ Received initial interview follow-up from applicant
- \_\_\_\_\_ Scheduled second-round job interview
- \_\_\_\_\_ Completed second-round job interview
- \_\_\_\_\_ Received second-round interview follow-up from applicant
- \_\_\_\_\_ Received consent to conduct background check
- \_\_\_\_\_ Passed background check
- \_\_\_\_\_ Checked applicant references
- \_\_\_\_\_ Scheduled drug test
- \_\_\_\_\_ Passed drug test
- \_\_\_\_\_ Presented offer via phone
- \_\_\_\_\_ Sent offer letter
- \_\_\_\_\_ Provided proof of work authorization or eligibility
- \_\_\_\_\_ Received offer acceptance
- \_\_\_\_\_ Sent necessary preemployment forms (e.g., health insurance enrollment, retirement plan enrollment)
- \_\_\_\_\_ Set new hire start date
- \_\_\_\_\_ Established probationary employment period
- \_\_\_\_\_ Received new hire's Form W-4 and Form MO W-4
- \_\_\_\_\_ Received returned pre-employment forms
- \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_

Consent Form for New Farm Employees to No Coverage under Nebraska Workers Compensation Act

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

LB-210 became operative on August 31, 2003 and this law requires all employers engaged in agriculture operations that are exempt from requirements of the Nebraska Workers' Compensation Act and who hire new employees that they notify all the people that they are NOT covered by workers compensation insurance if such coverage is not voluntarily provided by the employer. The Statute requires the notice to state the following:

**IN THIS EMPLOYMENT YOU WILL NOT BE COVERED BY THE NEBRASKA WORKERS' COMPENSATION ACT AND YOU WILL NOT BE COMPENSATED UNDER THE ACT IF YOU ARE INJURED ON THE JOB OR SUFFER AN**

**OCCUPATIONAL DISEASE. YOU SHOULD PLAN ACCORDINGLY. FAILURE TO PROVIDE THE NOTICE REQUIRED BY THIS SUBSECTION SUBJECTS AN EMPLOYER TO LIABILITY UNDER AND INCLUSION IN THE ACT FOR ALL UNRELATED (TO THE EMPLOYER) EMPLOYEES ON THE BASIS OF FAILURE TO GIVE SUCH NOTICE.**

**I acknowledge that I have read the above notice and understand that my employment does not include workers' compensation insurance coverage**

---

Employee Signature

---

Witness

---

Date