



**Northeast
Nebraska JUVENILE SERVICES**

(402) 454-3955 www.nnjsc.net

FOR OFFICE USE ONLY

Interview - Yes or No When? _____

Comments: _____

Employment Application

APPLICANT INFORMATION

Last Name First M.I. Date

Street Address/P.O. Box Apt./Unit #

City State Zip

Phone E-mail Address

Date Available Desired Salary

Position Applied for Referral Source

When is the best time to contact you?

Are you interested in: FULL TIME PART TIME BOTH How many hours per week would you like to work?

Are you a citizen of the United States? YES NO

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

Have you ever been convicted of a crime? YES NO If yes, explain:

Will you work overtime, if necessary? YES NO

Are you available to work weekends? YES NO

Select the shifts you are available to work: **6 AM-2 PM** **2 PM-10PM** **10PM-6AM** **6AM-6PM** **6PM-6AM**

	6 AM-2 PM	2 PM-10PM	10PM-6AM	6AM-6PM	6PM-6AM
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

High School Address

From To Did you graduate? YES NO Degree

College Address

From To Did you graduate? YES NO Degree

Other Address

From To Did you graduate? YES NO Degree

PREVIOUS EMPLOYMENT - BEGIN WITH THE MOST RECENT

Company Phone
Address Supervisor
Job Title Starting Salary \$ Ending \$
Responsibilities
From To Reason for Leaving
May we contact your supervisor for a reference? YES NO

Company Phone
Address Supervisor
Job Title Starting Salary \$ Ending \$
Responsibilities
From To Reason for Leaving
May we contact your supervisor for a reference? YES NO

REFERENCES - PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name/Relationship Company
Address Phone
Full Name/Relationship Company
Address Phone
Full Name/Relationship Company
Address Phone

SKILLS AND QUALIFICATIONS - Summarize any special training or skills you have that may assist you in this job

EMPLOYMENT GAPS - Explain any gaps in your employment, other than those due to personal illness, injury or disability

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____

Date _____

Pre-Employment Drug Testing Policy

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition of employment.

Applicants will be required to voluntarily submit to a urinalysis test at NNJS and by signing this consent agreement, will release NNJS from liability. Any applicant with positive test results will be denied employment for at least 6 months.

NNJS will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that NNJS will not tolerate.

Applicants who test positive for illegal drugs; contaminate, alter, tamper with, or refuse to take the test; or otherwise interfere in the testing process will be dropped from further employment consideration for six months.

Applicants who test positive for prescription drugs affecting coordination, judgment and alertness will be required to provide a doctor's release prior to beginning work.

Pre-Employment Agreement

PLEASE READ CAREFULLY!

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to produce a negative result may disqualify me from further consideration for employment.

I, _____ further understand that upon commencement of employment with the company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to produce a negative result may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

Applicant Signature _____ Date _____

Driver License Information

State _____ Driver's License # _____

Background Check Consent Form

Thank-you for your recent application for employment with NNJS, Inc. Please be advised that, in order to safeguard the juveniles in our care, NNJS, Inc. will conduct background checks for applicants who may be considered for employment. Background reports may include information bearing on, but are not limited to: past/current employment, criminal record, and educational record. NNJS may rely on these background reports as one of the factors it considers when evaluating your application for employment and, if hired, in connection with future decisions regarding your employment.

I, _____ authorize NNJS, Inc. to obtain a background report on me for purposes of considering my application for employment or for future employment considerations. I will hold NNJS, its employees and agents, any educational institution, current and former employee, and any other person giving such information free from liability for the exchange of this information.

I have read this disclosure and by signing below, hereby authorize NNJS to conduct a background check as described above.

Signature _____ Date _____

Printed Name (first, middle, last): _____

Other names used: _____