

#### PERSONAL INFORMATION

Name		Social Security #
Street		Phone #
City		E-Mail
State	Zip	Driver's License #

### **EDUCATION**

NAME/LOCATION	FROM	ТО	DEGREE/MAJOR/GPA
High School			
College/University			
Other			

## **SPECIAL SKILLS OR TRAINING** (Applicable To Employment)

## ADDITIONAL INFORMATION

Position Applied For:		
Schedule Desired:	Full Time:	Part Time:
List Any Days/Hours You Are Unable To Work:		
Rate Of Pay Desired:		
Have You Worked Here Before? Yes No	If Yes, Whe	en?
Have You Ever Been Convicted Of <b>Any</b> Crime? Yes	No	If Yes, Please Explain.
<b>NOTE:</b> Conviction will not necessarily disqualify ar and pertinence of the conviction to the job will be co criminal record will be at the discretion of the State of Division of Children and Family Services.	onsidered. All exce	ptions for potential employees with a
Fremont Office: 212 East 8th Street (402) 721-1414 Hastings Office: 620 N. St Joseph Ave (402) 834-0701		e: 2720 South Locust Street (308) 675-1614 ) Cornhusker Hwy (402) 466-2230

Home Office: 751 North Lincoln Avenue (402) 721-2880

### EMPLOYMENT (Start With Most Recent)

From: To:	Employer:
Job Title:	Phone ( )
Supervisor's Name:	Duties:
Starting Salary:	
Ending Salary:	
Reason For Leaving:	
May We Contact Your Current Employer	Yes No

From: To:	Employer:
Job Title:	Phone ( )
Supervisor's Name:	Duties:
Starting Salary:	
Ending Salary:	
Reason For Leaving:	
May We Contact Your Current Employer?	les No

From: To:	Employer:	
Job Title:	Phone ( )	
Supervisor's Name:	Duties:	
Starting Salary:		
Ending Salary:		
Reason For Leaving:		
May We Contact Your Current Employer? Yes No		

#### PERSONAL REFERENCES

Name	Address	Relationship	Phone

# **PREVIOUS ADDRESSES:** Please list any states where you have resided in the last two (2) years, and the addresses of your residence in that state.