

Nebraska NeuroBehavioral Services, INC
10306 Ellison Cir, Omaha, NE 68134
EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE PAGES 1-5.				Date:
Name:				
Last	First	Middle	Maiden	
Present Address:				
Number	Street	City	State	Zip
How Long:			Social Security No.:	
Telephone:				
Email address:				
Position Applied For:			Circle Days/Hours Available to Work:	
Salary Desired:			No Pref	Thur
			Mon	Fri
			Tue	Sat
			Wed	Sun
How many hours can you work weekly?			Can you work nights?	
Employment Desired:				
<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When available for work?				
EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

Professional School				

Have you ever been convicted of a crime? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a driver's license? Yes No
 Please submit your auto insurance information if you have an automobile within first week of employment.

What is your means of transportation to work?

Driver's License Number: State of issue: Operator Commercial (CDL) Chauffeur

Expiration Date:

Have you had any accidents during the past three years?	How many?
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Have you had any moving violations during the past three years?	How Many?
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Certifications

CPR First Aid Yes _____ exp. No Medication Aid Yes _____ exp. No MANDT Yes _____ exp. No

Proof of Car Ins <input type="checkbox"/> Yes _____ exp. <input type="checkbox"/> No	Other Skills:
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Please list two references other than relatives or previous employers.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position leading for which you are applying.

Job Three			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you complete this application yourself?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, who did?			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by ALPHA LIFE IMPROVEMENT SERVICES (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ALPHA LIFE IMPROVEMENT SERVICES, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and ALPHA LIFE IMPROVEMENT SERVICES may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height: ft. in.		Weight:		Birth Date:	
Married <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Single		<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
If Married, How Long?					
Full Name of Spouse			Spouse Occupation		
Name of Company			Telephone:		
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY					
Name:			Telephone:		
Address:			Relationship:		
FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS					
Name:	Relationship:	Birth Date:	SSN:		
TO BE COMPLETED BY EMPLOYER					
Date of Employment:		Job Title:		Dept.:	
Location:		Rate of Pay:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Salaried	
Applicant's signature acknowledging above information					
Drug Test Confirmation Number:					
Name of Person Verifying Information:					
Name of Person Authorizing Employment:					