



THE NORTH PLATTE OPPORTUNITY CENTER

501 N BRYAN
PO Box 729
NORTH PLATTE, NE 69103-0729
(308)532-3965

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER AN E-VERIFY PARTICIPANT

Employment Application

Position Applied for: _____ Date of Application: _____

Full Name: _____ Email address: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Cell phone # _____

What brought you to our organization? _____

Are you 19 years of age or older? YES NO Are you legally eligible for employment in this country? YES NO

Have you ever been employed here before? YES NO If yes, give dates and Positions _____

Date available for work? _____ What is your desired salary range? _____

Type of employment (Check one) Full-Time Part-Time Temporary Other _____

Are you able to meet the attendance requirement of the position? YES NO

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES NO If "yes," please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS, AND NATURE OF THE VIOLATIONS, REHABILITATION, AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Do you have a valid Nebraska driver's license? YES NO

SKILLS AND QUALIFICATIONS

SUMMARIZE ANY TRAINING SKILLS, LICENSES, AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING. _____

Previous Employment

STARTING WITH THE MOST RECENT, PROVIDE INFORMATION OF YOUR PAST FOUR (4) EMPLOYERS, ASSIGNMENTS, OR VOLUNTEER ACTIVITIES.

COMPANY: _____ ADDRESS: _____ **Reason for Leaving:**
IMMEDIATE
FROM: _____ To: _____ SUPERVISOR: _____
STARTING _____ FINAL JOB
JOB TITLE: _____ TITLE: _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND RESPONSIBILITIES _____

Reason for Leaving:

COMPANY: _____ ADDRESS: _____
 IMMEDIATE
 FROM: _____ To: _____ SUPERVISOR: _____
 STARTING _____ FINAL JOB
 JOB TITLE: _____ TITLE: _____
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 PERFORMED AND RESPONSIBILITIES _____

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References

Please list three professional references.

NAME	PHONE #	NUMBER OF YEARS KNOWN

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Diploma: _____
 College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____
 Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____

Disclaimer and Signature

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives for seeking, gathering, and using such information in the employment process and all other persons, corporations, and organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by an applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I understand that the North Platte Opportunity center is At Will employer. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative or the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

If I am hired, I also understand that I will be required to complete (APS) Adult Protective Service and (CPS) Child Protective Service registry checks. If there is a substantiated report of abuse/neglect, I understand that I cannot be employed to give direct contact services and my employment will be immediately terminated. I further understand that a criminal history check will be conducted via finger printing. If this check provided information indicating that I present a risk of abuse, neglect, exploitation, or sexual misconduct to individuals served, my employment will be terminated immediately.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT!!

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature: _____ Date: _____

Please remit completed application to npoc@npocnp.org.