

Department of Human Resources

## UNIVERSITY OF NEBRASKA-LINCOLN

## **Employment Application**

EMPLOYER'S STATEMENT: The University of Nebraska-Lincoln is subject to state and federal equal employment opportunity laws which prohibit discrimination on the basis of gender, age, disability, race, color, religion, marital status, veteran's status, national or ethnic origin, or sexual orientation. Federal law requires reasonable accommodation of the known disabilities of applications and employees,

Federal law requires reasonable accommodation of the known disabilities of applications and employees, unless to do so would pose an undue hardship. If you need an accommodation in order to complete the application process or take any required tests, please let us know.

NSTRUCTIONS TO APPLICANT: This document is the chief source of information for referring you to departments with job openings. Therefore, it is necessary that you clearly and completely state your interests and qualifications on your application form.

Applications	are retained under active status for twelve (12) months.					
·	(Type of Work Desired: (Check all that apply:) Full- Time Part- Time Regular Temporary					
Applicant's Name (Last, First, Middle Initial)	Position(s) Applied For					
Street Address						
City, State, Zip	Home Telephone Number Work/Message Telephone Number					
General I	nformation					
Are you at least 18 years old? Yes No Are you legally authorized to work in the United States?Yes No Proof of employment eligibility will be required upon hire.	Do you have any relatives employed at UNL? (If yes, give names & departments) YesNo					
Have you ever worked for UNL? Yes No Ifyes, give dates a	nd departments:					
Do you claim preference under the Vietnam Era Veteran status? <b>O</b> Yes <b>O</b> No						
<b>Employment History</b>						
	clude U.S. Armed Forces and volunteer experiences.  rmation. Completely fill out each section of the employment record and give stal form.  UNL will conduct references with previous employers.  DESCRIPTION OF DUTIES  Position Title  Number Supervised					
Address, City, State	Description of Duties:					
Immediate Supervisor Phone No.						
Dates of Employment (Month. Year) Ending Salary FROM: TO: \$						
Total Time Employed: Hours Worked Per Week Years: Months;						
Reason for Job Change	1					
EMPLOYER	Position Tide Number Supervised					
Address, City, State	Description of Duties:					
Immediate Supervisor Phone No.						
Dates of Employment (Month, Year) Ending Salary  FROM: TO: \$						
Total Time Employed: Hours Worked Per Week						
Years: Months: Reason for Job Change						

EMPLOYER			Position Tide	Position Tide Number Supervised			
Address, City, State			Description of Duti	of Duties:			
Immediate Supervisor	Phone No.		1				
(	)						
Dates of Employment (Monlh, Year)	Ending Salary						
FROM: TO:	\$						
Total Time Employed:	Hours Worl	ed Per Week					
Years: Monlhs:  Reason for Job Change			+				
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EMPLOYER			Position Tide				Number Supervised
							Supervised
Address, City, State			Description of Dut	ies:			
Immediate Supervisor	Phone No.						
Dates of Employment (Monlh, Year)	Ending Salary						
FROM: TO: Total Time Employed:	\$ Hours Work	ed Per Week					
Years: Months:	Tiours Work	iou i oi vi con					
Reason for Job Change							
EMPLOYER			Position Tide				Number Supervised
Address, City, State			Description of Duti	ies:			
Immediate Supervisor	Phone No.		_				
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Dates of Employment (Monlh, Year)	Ending Salary						
FROM: TO:	\$						
Total Time Employed:	Hours Work	ed Per Week					
Years: Monlhs:  Reason for Job Change							
Reason for 500 Change							
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	Edu	cational	l Backgrour	<u>1d</u>			
Circle last grade completed in elementary or high s	school		2 3 4 5	6 7 8 9	IO 11	12 0 GED	
Name and location (City/State) of last high school:							
NAME & LOCATION OF SCHOOL	Dates A	ttended	Credit Hours	Did You	Degree	Curr	iculum
NAME & LUCATION OF SCHOOL	From	То	Completed	Graduate?	Earned	Major	Minor
College or University				D V			
				D Yes			
Graduate or Professional			+	D No			
				D Yes			
Olher Schools (Business, Technical or Military)			1	D No			
omer sensors (Dusiness, Teenineal Of Milliary)				D Yes			
				D No			
	Ada	litional	Informatio	n		-	-
List any certificates, licenses, special skills, qualific					ong with sn	ecialized equipment	t vou can operate
List any certificates, feetises, special skins, qualific	cacions, naming	, and langua	.60 skins you nav	e acquired at	ong with sp	ceranzea equipment	. you can operate.
I certify that the information contained in this app		to the best	of my knowledge	e and belief.	I understand	I that any material	omission of facts or

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any material omission of facts or misrepresentation may result in my discharge, if hired, regardless of when discovered. Unless otherwise expressly stated in a written appointment to a position or in a written contract of employment duly approved and executed by UNL, regular office/service and managerial/professional employees are considered employees at wi II, and either UNL or the employee may terminate the employment relationship upon giving the proper advance notice. I grant permission to the University of Nebraska-Lincoln to investigate my employment record, educational record, criminal record, and other records to verify the information I have provided on this application and/or any additional information I have provided and release the University from any liability resulting from such investigation.

Signature	Date	