



Application For Employment

Application Date (M/D/Y) _____

NOTE: APPLICATION MUST BE COMPLETED IN FULL. PLEASE PRINT ALL INFORMATION.

Name _____
FIRST LAST MIDDLE INITIAL

Current Mailing Address _____
STREET CITY STATE ZIP CODE HOW LONG

Previous Address (Please account for past seven (7) years)

STREET CITY STATE ZIP CODE HOW LONG

_____ STREET CITY STATE ZIP CODE HOW LONG

Home Number _____ Work Number _____ E-mail _____

Mobile Number _____ May We Contact You at Your Work Number? Yes No

General Information

Position(s) Applied for: *(Your application will only be considered for those positions identified.)*

(1) _____ (3) _____

(2) _____ (4) _____

Minimum Salary Acceptable _____
(hourly or monthly)

How did you learn of this position? Newspaper Walk-In Internet Jobline Job Fair
 Job Service/Placement Office Other _____
 Referral (Referred by:) _____

Time of shift desired: Day Evening When can you start work?

Type of employment desired: Full-time Part-time Temporary Summer 2 weeks Other _____

If Part-Time, specify days and hours available to work: _____

Have you previously worked at CSO? Yes No If yes, please list dates and positions held: _____

Do you know anyone who works for CSO? Yes No

If yes, please identify who and nature of acquaintance: _____

Are you legally eligible to work in the U.S.A.? Yes No *(NOTE: Proof of employment authorization will be required upon employment.)*

Have you ever been convicted of a criminal offense*? Yes No

(Criminal offense convictions include any felony, any misdemeanor, and any traffic offense involving drugs/alcohol or a suspended or revoked license. This also includes pleas of guilty or no-contest.)

If yes, please describe in full: _____

(* NOTE: CSO, as part of the selection process, will conduct a criminal background check as described on the final page of this Application for Employment. Convictions do not necessarily prevent employment and will be considered in relation to specific job requirements. Failure to disclose this information will disqualify you from further consideration for employment.)

Employment History

(NOTE: You must complete in full even though you may be submitting a resume.) List present and previous positions with your most recent employer first. Please account for positions for the last 15 years (if applicable). Include volunteer work where applicable. For additional space, use blank sheet of paper.

Company _____	Address _____																		
City _____	State _____ Zip Code _____ Phone _____																		
Job Title _____	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>																		
Primary Duty/Responsibilities _____ _____ _____	<table style="margin: auto;"> <tr><td colspan="4">Employed</td></tr> <tr><td>From:</td><td></td><td></td><td>To:</td></tr> <tr><td>Mo.</td><td>Yr.</td><td> </td><td>Mo.</td><td>Yr.</td></tr> <tr><td colspan="2">Start</td><td style="border-left: 1px solid black;">Salary</td><td colspan="2">End</td></tr> </table>	Employed				From:			To:	Mo.	Yr.		Mo.	Yr.	Start		Salary	End	
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Reason for Leaving _____																			
Immediate Supervisor Name/Title _____																			
May we contact this person and/or the company? <input type="checkbox"/> Yes <input type="checkbox"/> No																			

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Did your name differ from your present name while employed for any of the provided listed employers on the previous page? Yes No If yes, please indicate former name and employer(s): _____

Education/Certifications

Type of School	Name and Address (City/State) of School	Highest Grade/Credit Hours Completed	Degree, Diploma, Certificate Conferred/Major	Field of Study
High School				
Post High School (include college, university, technical, and trade school)				
Other				

Please check the appropriate boxes that apply to your experience and/or background.

Professional Certificates, Insurance Licenses (CPA, CLU, FLMI, P&C, etc.) _____

Foreign Language(s) _____

Excel Word Power Point Access Ten Key Calculator Typing _____ wpm

Other _____

Describe any specialized training, skills and job related extra-curricular activities: _____

US Military Service

Did you serve in the U.S. Military? Yes No If yes, please provide any job-related training and work experience you received while in the military: _____

References

Please provide three professional references that can attest to your ability to perform the job for which you are applying.

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relationship</u>	<u>Years Known</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICANT'S CERTIFICATION AND AGREEMENT

By signing below, I certify that this information is true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, it is grounds for disqualification from further consideration or for dismissal from employment.

In completing this application, I understand it does not constitute an agreement by CSO to employ me. I acknowledge the fact that this application of employment will be active for 30 days and only for those jobs specified on the general information section; after this time period, I must reapply for further consideration. Should I obtain employment with CSO, my employment will be on an at-will basis and will not be for a fixed period of time and my employment can be terminated by CSO, or me, with or without notice for any reason or no reason, and without liability for wages, salary, or other compensation or benefits except what I have earned as of the date of termination or specified by federal, state, or local law. I understand that no employee, officer, or agent of CSO may bind the Company to anything contrary to the above by verbal or printed statements, including, but not limited to, handbooks, benefit booklets, or other forms of communications.

As a condition of employment, I hereby voluntarily give my consent to CSO and its designated agents to do urinalysis, blood, or other testing for controlled substances or alcohol. Such testing may include, but not be limited to, post-offer testing of candidates who receive offers of employment, or whenever CSO has reasonable cause to believe that a violation of CSO's drug and alcohol abuse policy exists. I agree to allow CSO's physician, staff, and/or their associates to send a specimen to a laboratory to test for the presence of any substances prohibited by CSO's drug and alcohol abuse policy. I authorize these test results, whether positive or negative, to be provided to CSO, and I agree to hold CSO, its staff and the physician harmless and waive any legal rights for any alleged harm to me or for interfering with my ability to be hired or retain my job because of the test results. I understand that where permitted by law, a "positive" test result, or my refusal to consent to such testing, will make me ineligible for employment. If you wish to review CSO's Drug Free Workplace Program please contact Human Resources at CSO, 1212 N. 96th Street, Omaha, NE 68114 or by phone at (402) 399-3336.

APPLICANT'S SIGNATURE

DATE

CSO is an Equal Opportunity Employer • Smoke and Drug Free Environment

Please let us know if you are in need of reasonable accommodation at any point in the application process.