



# Community Alliance

4001 Leavenworth Street, Omaha, NE 68105

*An Equal Opportunity and Affirmative Action Employer*

## APPLICATION FOR EMPLOYMENT

Instructions: Please print all information and complete every part of this application. If there is a question which does not apply to you, mark "N/A." Do not leave any question unanswered. **Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add an additional page(s) if/as necessary.**

### PERSONAL INFORMATION

Name: *(Last)* \_\_\_\_\_ *(First)* \_\_\_\_\_ *(Middle)* \_\_\_\_\_

Other name(s) under which you have been employed: \_\_\_\_\_

Home Address: *(Street, City, State, Zip)* \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_  Home  Business  Cell  Other \_\_\_\_\_

Other Phone: (\_\_\_\_\_) \_\_\_\_\_  Home  Business  Cell  Other \_\_\_\_\_

Email Address which we may use to contact you: \_\_\_\_\_

### EMPLOYMENT ELIGIBILITY

Position(s) applied for: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Today's date: \_\_\_\_\_ If hired, date you can start: \_\_\_\_\_

How did you learn about position?:  Personal Referral *(please provide name)* \_\_\_\_\_

CareerLink  School \_\_\_\_\_  Job Fair \_\_\_\_\_  Other \_\_\_\_\_

Availability:  Full-time  Part-time  Temporary Describe any schedule limitations: \_\_\_\_\_

Have you applied for a position with us before?  Yes  No If yes, state position(s) and date(s) applied: \_\_\_\_\_

Are you at least 21 years of age?  Yes  No

Are you a U. S. citizen, or specifically authorized to be employed in the United States?  Yes  No

**Note: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.**

Have you ever been convicted of a felony, or of any crime relating to theft or dishonesty, or involving violence?

Yes  No If yes, explain: \_\_\_\_\_

**Note: A conviction record will not necessarily disqualify an applicant from employment. Circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.**

### VETERAN STATUS

Are you a veteran of the armed forces of the United States:  Yes  No

If yes, please provide the following information: Military Branch: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Honorable Discharge:  Yes  No

**Note: A less than honorable discharge will not automatically disqualify you from employment.**

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**PRIOR EMPLOYMENT**  
(complete even if attaching resume)

**Please list your last four jobs, with the most recent first.**

1. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_  
*Street Address City State Zip Code County Phone Number*  
Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Total amount of time employed: \_\_\_\_\_ years and \_\_\_\_\_ months Ending Wage \$ \_\_\_\_\_  
Duties: \_\_\_\_\_  
Average hours worked per week: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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2. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_  
*Street Address City State Zip Code County Phone Number*  
Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Total amount of time employed: \_\_\_\_\_ years and \_\_\_\_\_ months Ending Wage \$ \_\_\_\_\_  
Duties: \_\_\_\_\_  
Average hours worked per week: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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3. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_  
*Street Address City State Zip Code County Phone Number*  
Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Total amount of time employed: \_\_\_\_\_ years and \_\_\_\_\_ months Ending Wage \$ \_\_\_\_\_  
Duties: \_\_\_\_\_  
Average hours worked per week: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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4. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_  
*Street Address City State Zip Code County Phone Number*  
Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Total amount of time employed: \_\_\_\_\_ years and \_\_\_\_\_ months Ending Wage \$ \_\_\_\_\_  
Duties: \_\_\_\_\_  
Average hours worked per week: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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- Please explain any gaps in your work history: \_\_\_\_\_  
\_\_\_\_\_
  - Have you ever been discharged or asked to resign from a job?  Yes  No  
If yes, please explain: \_\_\_\_\_
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## EDUCATION AND TRAINING

**High School:** Please list all high schools attended.

<u>Name of High School Attended</u>	<u>Location</u>	<u>Years Attended</u>	<u>Graduated Y/N</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Post High School:** Please list all technical or trade school, college, and post-graduate education

<u>School/College</u>	<u>Location</u>	<u>Degree/Certificate</u>	<u>Major/Minor</u>	<u>Years Completed</u>	<u>Graduated Y/N</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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## OTHER RELEVANT EXPERIENCE

(Volunteer, Practicum, Internship, etc.)

<u>Business/Organization</u>	<u>Position/Duties</u>	<u>Start Date</u>	<u>End Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## PROFESSIONAL LICENSES/CERTIFICATIONS

(e.g. Mental Health Professional, Alcohol & Drug Counselor, Nursing, Peer Support Specialist, Interpreter, etc.)

**List all current professional licenses/certifications which you hold or for which you are eligible and status:**

<u>License Type</u>	<u>License No.</u>	<u>Expiration Date</u>	<u>Status</u> (e.g. current; hours needed to full license; eligible upon employment, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## OTHER CERTIFICATIONS

(e.g. CPR, First Aid, Defensive Driving, etc.)

**List any other current, relevant certifications:**

<u>Certification</u>	<u>Where Received</u>	<u>Certificate No.(if any)</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## OTHER RELEVANT SKILLS

Bilingual?  Yes  No Please list languages you speak fluently: \_\_\_\_\_

Other skills relevant to position(s) for which you are applying: \_\_\_\_\_

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## PROFESSIONAL REFERENCES

Please list two professional references:

1. Name \_\_\_\_\_ Title: \_\_\_\_\_  
Place of Business: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ How long known? \_\_\_\_\_

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2. Name \_\_\_\_\_ Title: \_\_\_\_\_  
Place of Business: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_ How long known? \_\_\_\_\_

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## APPLICANT CERTIFICATION & AUTHORIZATION

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Community Alliance to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide Community Alliance with all requested information and references, and to cooperate fully with the investigation of my character and qualifications. All employment and personal references listed in this application are hereby released from all liability for issuing such information.

I realize a signed copy of this release may be requested by and provided to persons asked for reference information. I agree that a copy or facsimile of this document shall serve as my consent to release information in lieu of an original.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Community Alliance has the authority to make oral contracts of employment. If hired, my employment relationship with Community Alliance is terminable at will, with or without cause, by either myself or Community Alliance.

I understand that if I receive an offer of employment, it will be conditional upon my successfully completing a thorough criminal and background check.

I understand that should an employment offer be extended to me and accepted that I am responsible for, and agree to fully adhere to the policies, procedures, rules and regulations of employment with Community Alliance.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

**I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Community Alliance.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date and Time

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**For Community Alliance Use Only:** Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Via:  U.S. Mail  Email  Hand Delivery  Other: \_\_\_\_\_

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## COMMUNITY ALLIANCE SUPPLEMENTAL DRIVING RECORD QUESTIONNAIRE

**Note: This supplemental questionnaire will be considered only if applying for a position at Community Alliance in which driving is required as part of one's job duties. Moving violations, accidents, and/or a conviction record will not necessarily disqualify an applicant from employment. Circumstances surrounding such history will be considered in relation to the nature and duties of the specific job for which the applicant is being considered.**

Applicant Name: (First, MI, Last) \_\_\_\_\_

Position(s) applied for: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Do you have a currently valid driver's license?  Yes  No

State of Issue: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Please list any moving violations you have had in the past 5 years:

<u>Date of Violation</u>	<u>City and State of Violation</u>	<u>Infraction</u>	<u>Penalty/Outcome</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any vehicular accidents in which you have been involved in the past 5 years:

<u>Date of Accident</u>	<u>Nature of Accident (head on, rear end, pedestrian, etc.)</u>	<u>Were You Found to be At Fault? (yes/no)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your driver's license ever been suspended, confiscated, surrendered, or revoked?  Yes  No

If yes, please explain circumstances: \_\_\_\_\_

Do you maintain insurance for your personal vehicle that meets or exceed the liability limits required by applicable Nebraska/Iowa state law?  Yes  No  Not applicable; do not have personal vehicle

### APPLICANT CERTIFICATION & AUTHORIZATION

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged.

I understand that if I receive an offer of employment, it will be conditional upon my successfully completing a thorough criminal and background check, inclusive of a check of my driving record.

I authorize Community Alliance to investigate all statements contained in this questionnaire.

Applicant Signature \_\_\_\_\_ Date and Time \_\_\_\_\_

**For Community Alliance Use Only:** Questionnaire received by: \_\_\_\_\_ Date: \_\_\_\_\_

Via:  U.S. Mail  Email  Hand Delivery  Other: \_\_\_\_\_



## Community Alliance Equal Employment / Diversity Statistical Questionnaire

Community Alliance is an equal employment and affirmative action employer. You are asked to complete the following questionnaire in order to assist Community Alliance in achieving its equal employment and diversity goals as well as to comply with certain reporting requirements.

Completion of this data is voluntary. No individual personnel selections are made based on this information. Information reported is aggregated and used for statistical purposes only, and will not affect your opportunity for employment, or terms or conditions of employment. This form will not be placed in your personnel file, nor will it be provided to your supervisors. There will be no impact on your application should you choose not to answer any of these questions.

If you have any questions regarding this questionnaire, please direct them to Human Resources.

Please return this form to Human Resources.

**Position Applied for:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**1. Gender** (Civil Rights Act of 1991)

Check one:  Male  Female

**2. Race** (Civil Rights Act of 1964; Civil Rights Act of 1991)

- Caucasian/White
- African American
- Asian
- Native American
- Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Multi-Racial
- Other (please identify) \_\_\_\_\_

**3. Ethnicity**(Civil Rights Act of 1964; Civil Rights Act of 1991)

- Not of Hispanic Descent
- Hispanic Descent/ Mexican
- Hispanic Descent / Puerto Rican
- Hispanic Descent / Cuban
- Hispanic Descent / Other

**4. Veteran Status** (U.S. Department of Labor)

Vietnam  Other Veteran  Not a Veteran

**5. Age** (Age Discrimination in Employment Act)

Are you 40 years of age or older?  Yes  No

**6. Disability** (Rehabilitation Act of 1973, American with Disabilities Act)

Do you have a disability?  Yes  No

*(Please note that because this information is used for aggregate statistical purposes only, any requests for accommodation now or in the future must go through your supervisor and human resources.)*

**7. How did you learn about this position?**

- Community Alliance website
- CareerLink
- NE Job Service
- Other internet web site *(please identify)* \_\_\_\_\_
- Job Fair *(please identify)* \_\_\_\_\_
- Private Employment Agency *(please identify)* \_\_\_\_\_
- Community Agency (specify) \_\_\_\_\_
- Current Community Alliance employee *(please identify)* \_\_\_\_\_
- Other *(please identify)* \_\_\_\_\_