



APPLICATION FOR EMPLOYMENT

P.O. Box 1920
Columbus, NE 68602-1920
Phone (402) 564-9464
Fax (402) 562-7040

The Company provides equal employment opportunity for everyone regardless of age, sex, color, race, creed, national origin, religious persuasion, marital status, or political belief. In addition, laws regarding veterans' status are observed. This is reflected in all of the Company's practices and policies regarding hiring, training, promotions, transfers, rates of pay, layoff, and other forms of compensation. All matters relating to employment are based upon ability to perform the job, as well as dependability and reliability once hired. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

WORK HISTORY

List your past five employers, in order, beginning with the most recent.

Employer (Present or Last):		Phone:	
Address:	City:	State:	Zip Code:
Name of Supervisor:		Date Hired:	Wage:
Job Title/Description of Duties:		Date Left:	Wage:
Reason for Leaving:			

Previous Employer:		Phone:	
Address:	City:	State:	Zip Code:
Name of Supervisor:		Date Hired:	Wage:
Job Title/Description of Duties:		Date Left:	Wage:
Reason for Leaving:			

Previous Employer:		Phone:	
Address:	City:	State:	Zip Code:
Name of Supervisor:		Date Hired:	Wage:
Job Title/Description of Duties:		Date Left:	Wage:
Reason for Leaving:			

Previous Employer:		Phone:	
Address:	City:	State:	Zip Code:
Name of Supervisor:		Date Hired:	Wage:
Job Title/Description of Duties:		Date Left:	Wage:
Reason for Leaving:			

Previous Employer:		Phone:	
Address:	City:	State:	Zip Code:
Name of Supervisor:		Date Hired:	Wage:
Job Title/Description of Duties:		Date Left:	Wage:
Reason for Leaving:			

GENERAL

Subjects of Special Study or Research Work
Job Related Skills (typing, driver's license, etc.)

REFERENCES

 List below three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number	Position	Years Acquainted

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. I understand that a Motor Vehicle Records check may be obtained to establish insurability by the Company's insurance carriers' standards and will determine if I am able to drive a Company vehicle or a personal vehicle on behalf of the Company.

If I am offered employment I agree to submit to a drug test before starting work. If employed, I also agree to submit to a drug and/or alcohol test at any time deemed appropriate by the Company's Drug Free Workplace Program and as permitted by law. I consent to such tests, and I request that the examining Medical Review Officer disclose to the Company the result(s) of the test(s) which shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment to the extent permitted by law, is contingent upon satisfactory drug and/or alcohol tests, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be at-will and without fixed term, and may be terminated at any time, with or without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing. I understand that this application will be on file for 6 months from the date located below and/or at the top of the second page.

I understand that completing this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies and procedures in whole or in part, at any time.

Applicant Signature

Date