



110 Page St  
 Friend, NE 68359  
 402-947-9391

## General Employment Application Confidential History Form

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a citizen of the United States?      YES  NO       If no, are you authorized to work in the U.S.?      YES  NO

Are you Bilingual?      YES  NO       Have you ever been convicted of a felony?      YES  NO

If Yes, explain: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Desirable Starting Salary: \$ \_\_\_\_\_

Hours Per Week Available To Work: \_\_\_\_\_

Full-Time Position:      YES  NO   
                                   YES  NO   
 Part-Time Position:         
                                   YES  NO   
 Temporary Position:     

Willing to Travel:      YES  NO   
 Do you have reliable transportation:      YES  NO

### Education

High School: \_\_\_\_\_ Did you graduate?      YES  NO       Degree: \_\_\_\_\_

College/Tech School: \_\_\_\_\_ Did you graduate?      YES  NO       Degree: \_\_\_\_\_

### Experience/Training

		Amount of Time			Amount of Time			Amount of Time				
Welding:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Production:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Warehouse:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Other: _____
Press/Shear :	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Electrical:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Forklift:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Other: _____
Hand Labor:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Machine Operator:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Draftsman:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Other: _____
Re-Bar:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Plumbing:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Clean-up:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	
Concrete:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Computer:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Software:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	
Sales:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Retail:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	Bookkeeping:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	

Please list your areas of highest proficiency, special skills, or other items that may contribute to your abilities in performing the above mentioned position:

\_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Start & End Dates: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Start & End Dates: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_ Start & End Dates: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

**Hobbies/Interest/Talents**

Describe yourself: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_