

NEW LIFE FAMILY ALLIANCE (NLFA)



INSTRUCTIONS: Please print a copy this form and complete all information (please print). If there is a question that 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 another page, if necessary. Please also read the *Juvenile Case Manager Job Description* and be prepared to sign it if you are interviewed. Please **scan all pages** of this application (plus any additional pages you wish to attach) and email them to NLFA, using this address:

alaa@nlfaomaha.org

Today's Date: _____	Date You Can Start: _____
How did you learn about this job? _____	

PERSONAL INFORMATION

Name: _____

Social Security Number: _____

Home Address: _____

Home Phone: _____ Email: _____

Are you available: Full-time Part-time Temporary

Please describe any work schedule limitations: _____

Have you ever been convicted of a felony, any crime relating to theft or dishonesty or acts involving violence or do you have a record of founded child or dependent adult abuse?

NOTE: A conviction will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the position applied for. No Yes, as follows:

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

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 that you receive is contingent upon your providing the documentation and statement that we will request from you.

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

SECTION A: PRIOR EMPLOYMENT

List four most recent jobs, beginning with the most recent. (You may omit dates for jobs held more than 5 years ago.)

1. Employer Names/Phone: _____
Job Title: _____ Duties: _____
Dates employed: _____ to _____ Salary/Bonus: _____
What you liked most about job: _____
What you liked least: _____

Reason for leaving: _____

May we contact this employer? No Yes

2. Employer Names/Phone: _____

Job Title: _____ Duties: _____

Dates employed: _____ to _____ Salary/Bonus: _____

What you liked most about job: _____

What you liked least: _____

Reason for leaving: _____

May we contact this employer? No Yes

3. Employer Names/Phone: _____

Job Title: _____ Duties: _____

Dates employed: _____ to _____ Salary/Bonus: _____

What you liked most about job: _____

What you liked least: _____

Reason for leaving: _____

May we contact this employer? No Yes

4. Employer Names/Phone: _____

Job Title: _____ Duties: _____

Dates employed: _____ to _____ Salary/Bonus: _____

What you liked most about job: _____

What you liked least: _____

Reason for leaving: _____

May we contact this employer? No Yes

SECTION B: EDUCATION AND TRAINING

List high school, college, and postgraduate education. *Optional* – please also list any relevant professional or business training.

	<u>School/College/Organization</u>	<u>Completed</u>	<u>Degree</u>	<u>Major Subjects</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

SECTION C: OTHER SKILLS

Describe any computer, office machines, and other equipment skills and proficiency level: _____

Describe any other special skills or qualifications which may help you in the position applied for: _____

List all professional licenses held, including state, license type, date issued, and license number: _____

List any relevant professional or business organizations to which you belong: _____

I understand this application is not a contract of employment, I also acknowledge that no oral representations have been made, that no one within Heartland Family Service has the authority to make oral contracts of employment, and any written contract must be signed by the Executive Director. If hired, my employment relationship with Heartland Family Service is terminable-at-will, with or without cause, by either myself or Heartland Family Service. I also understand that my employment may be conditioned upon a favorable health evaluation, which may include a physical examination by a doctor selected by Heartland Family Service to which I hereby consent. I understand and agree to all of the conditions and statements set forth above, and throughout this application.

Signature _____ Date & Time _____ AM
PM

SECTION D. REFERENCES

I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide Heartland Family Service with all requested information and references, and to cooperate fully with Heartland Family Service investigation of my character and qualifications.

Date: _____ Signature of Applicant: _____

List three (3) references of which two (2) must be employment related references. Do not include family members.

1. Name: _____	Phone: _____
Address: _____	How long employed: _____
Relationship: _____	

2. Name: _____	Phone: _____
Address: _____	How long employed: _____
Relationship: _____	

3. Name: _____	Phone: _____
Address: _____	How long employed: _____
Relationship: _____	

This page will be copied & sent to employment and personal references as a verification of your authorization for release of information.