



Human Resources  
1000 Main St.  
Chadron, NE 69337  
308-432-6224

### APPLICATION FOR EMPLOYMENT

**Please complete all items.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

#### MAILING ADDRESS

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Email: \_\_\_\_\_

Are you legally entitled to work in the U.S.?

Yes  No

Do you have a valid Driver's License?

Yes  No State Issued by: \_\_\_\_\_

Are you related to anyone employed by CSC?

Yes  No

Employee Name: \_\_\_\_\_

Do you require sponsorship for this position?  Yes  No

Have you ever been employed by Chadron, Wayne, or Peru State College or the Nebraska State College System?

Yes  No When: \_\_\_\_\_ Where: \_\_\_\_\_

Are you 18 years of age or over?

Yes  No

Do you wish to claim Veteran's Preference?

Yes  No

**POSITION APPLYING FOR:** \_\_\_\_\_

Type of Position Desired  
 Full Time  Part Time  
 Temporary

Salary Expected: \_\_\_\_\_ Date Available: \_\_\_\_\_

#### REFERENCE INFORMATION

List three references other than relatives who have knowledge of your skills or experience

	Name	Telephone	Email	How do you know this reference?
1				
2				
3				

## EMPLOYMENT RECORD

List your most recent position first

**1** Company Name: \_\_\_\_\_

**Address**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Supervisor's Job Title: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-time  Part-time

Primary Duties:

Reason for Leaving: \_\_\_\_\_

May we contact your current employer?  Yes  No

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

**2** Company Name: \_\_\_\_\_

**Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Supervisor's Job Title: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-time  Part-time

Primary Duties:

Reason for Leaving: \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

**3** Company Name: \_\_\_\_\_

**Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Supervisor's Job Title: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-time  Part-time

Primary Duties:

Reason for Leaving: \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

## EDUCATIONAL BACKGROUND

	<u>Name/Location of School</u>	<u>Grade/Credit Hours Completed</u>	<u>Major Subjects Studied</u>	<u>Degree, Certification, or Diploma Received</u>
1				
2				
3				
4				

**PROFESSIONAL LICENSES AND CERTIFICATIONS**

	<u>Type</u>	<u>State</u>	<u>ID Number</u>	<u>Expiration Date</u>
1				
2				
3				
4				

**Please read the following carefully before signing this application:**

I attest to the accuracy and truthfulness of the information provided, and I understand that falsification or omission of any information on this application could result in my disqualification from further consideration in the selection process, or if hired, termination of my employment. I understand that consideration for employment is conditioned upon the results of a background check, and I authorize the Board of Trustees of the Nebraska State Colleges, the College and its agents or assigns to investigate all statements made by me on this application, to conduct a thorough investigation of my background and activities, and I agree to cooperate in such investigation and to release the Board of Trustees and its agents and assigns from all liability or responsibility and of all persons and corporations requesting or supplying such information. I authorize the Board of Trustees of the Nebraska State Colleges, the College and its agents and assigns to contact my cited references and any developed uncited references to make inquiries concerning my current and past employment. This authorization will expire six months from the date it is signed. A facsimile copy or electronic version of this document shall be considered as effective and valid as the original.

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

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

The Chadron State College is an equal opportunity institution and do not discriminate against any student, employee, or applicant on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, religion, or age in employment and education opportunities. Each College has designated an individual to coordinate the Colleges' non-discrimination efforts to comply with regulations implementing Title II of the Americans with Disabilities Act, Titles VI and VII of the Civil Rights Act, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and Section 504 of the Rehabilitation Act. Inquiries regarding non-discrimination policies and practices may be directed to:

Anne DeMersseman  
 Associate Vice President of Human Resources  
 Chadron State College Chadron, NE 69337  
 Telephone: 308-432-6224  
 Email: titleixcoordinator@csc.edu