

# Nebraska Sports Industries, Inc.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

## Application For Employment

### PERSONAL INFORMATION

Date  Social Security Number

Name     
Last First Middle

Present Address   
Street City State Zip

Permanent Address   
Street City State Zip

Phone Number

Referred By  Are you 18 years of age or older?  Yes  No

### EMPLOYMENT DESIRED

Position Applied For

Full Time  Part Time  Date You Can Start  Salary Desired

Are You Employed Now?  Yes  No If So May We Inquire Of Your Present Employer?  Yes  No

Ever Applied to this Company Before?  Yes  No Where?  When?

Have You Ever Been Convicted Of, Found Guilty Of, Plead Guilty To Or Admitted Guilt Of A Crime?

If Yes, describe in Full

### EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Elementary School	<input type="text"/>			
	<input type="text"/>			
High School	<input type="text"/>	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="text"/>			
College	<input type="text"/>	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="text"/>			
Trade, Business or Correspondence School	<input type="text"/>	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="text"/>			

### GENERAL

Subjects Of Special Study or Research Work

Job Related Skills (Typing, Driver's License, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

Exclude Organizations, the Name or Character of Which Indicates the Race, Sex, Color or National Origin of its Members.

(Continue on other side)

# FORMER EMPLOYERS

List below your four employers, starting with the last first.

Date Month and Year	Name, Address, and Phone Number of Employer	Salary (Upon Leaving)	Position	Reason for Leaving

# REFERENCES

List below three persons, whom you have known at least one year.

Name	Address	Phone Number	How are you acquainted?	Number of Years?
1				
2				
3				

# AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and my salary, be terminated at any time without cause and with out any previous notice.

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

In Case of Emergency Notify \_\_\_\_\_  
Name Address Phone

### DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

REMARKS \_\_\_\_\_

INS Form I-9 completed? Yes No \_\_\_\_\_

Hired \_\_\_\_\_ For Dept. \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Salary/Wages \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Employment Manager Dept. Head General Manager