



Midtown Health Center
302 W Phillip Ave
Norfolk, NE 68701

Application for Employment

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Identification Information

Applicant's Name: _____ Date: _____

Social Security Number: _____

Mailing Address: _____

City, State, Zip: _____

Home telephone number: _____ Work telephone number: _____

Position applied for: _____

Type of work desired: _____ Full-time _____ Part-time _____

Date available for work: _____

Employment Information

List below the positions you have held starting with your present employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Under "specific duties" describe clearly the tasks you performed and the nature of your responsibilities.

Current employer

a. Employer/company: _____

b. Address: _____

c. Dates employed, from _____ to _____

d. Weekly starting salary: _____ Ending salary: _____

e. Position: _____

f. Duties: _____

g. Reason for leaving: _____

h. Supervisor: _____ Telephone number: _____

a. **Employer/company:** _____

b. Address: _____

c. Dates employed, from _____ to _____

d. Weekly starting salary: _____ Ending salary: _____

e. Position: _____

f. Duties:

g. Reason for leaving: _____

h. Supervisor: _____ Telephone number: _____

a. **Employer/company:** _____

b. Address: _____

c. Dates employed, from _____ to _____

d. Weekly starting salary: _____ Ending salary: _____

e. Position: _____

f. Duties:

g. Reason for leaving: _____

h. Supervisor: _____ Telephone number: _____

I give permission to contact the employers I listed concerning my prior work experience

Signed: _____ Date: _____

If there is a particular employer you wish not to be contacted, please indicate which one.

Education/Skills Record

School	Name/Location	Last year completed				Title of diploma or degree
High School		1	2	3	4	
College		1	2	3	4	
Other						

Are you bilingual? Yes No If so, check all that apply.

Spanish Vietnamese Swahili Dinka

Laotian Somalian Nuer Other

References (Do not include relatives)

Name Phone # Address Best time to contact

1. _____

2. _____

3. _____

Please list any additional information related to your ability to perform the job for which you have applied (licenses, professional memberships, civic activities, etc).

I understand that any false information in this application will be sufficient reason for rejection of my application or termination of my employment. My signature on this application form will serve as authorization to release any and all information recorded on or attached to this application. I understand that this application is not a contract of employment.

Applicant's signature

Date