



Grand Island Community Foundation

1811 W. 2nd Street, Suite 365, Grand Island, NE 68803

Employment Application – Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ E-mail Address: _____
Work Phone: () _____ Cell Phone: () _____

Position Applied for: _____ Date Available to Start: _____ Desired Salary: \$ _____

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

Other names used in the past (i.e. maiden)? YES NO List names & dates: _____

Have you ever been charged with a felony? YES NO If so, explain: _____

Are you involved in any court cases or pending civil or criminal litigation? YES NO If so, explain: _____

Do you have a valid driver's license? YES NO _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Employment Experience

Beginning with your most recent position, list positions that you have held. If you have additional employment experience relevant to the position for which you are applying, please provide the requested information on a separate sheet of paper.

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your current/previous employer for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Dates
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Dates
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Dates
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? YES NO

References

Please use work related references if possible.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Summarize prior relevant experience and fill in periods of unemployment or periods unaccounted for in previous sections. Please use a separate sheet of paper if more space is needed.

List any professional organizations, certifications, memberships, volunteer activities, etc. which may be *job relevant*.

Please list any additional information you consider helpful in considering you for this position.

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. I authorize the references, supervisors and employers listed above to provide any and all information concerning my current or previous employment. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information.

Signature: _____

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e: _____

Thank you for your interest in the Grand Island Community Foundation.