



402-747-2371

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Highways 81 & 92 Osceola, Nebraska 68651

www.osceolaimplement.com

APPLICATION FOR EMPLOYMENT
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

GENERAL

NAME _____ DATE _____
First Middle Last

CURRENT ADDRESS _____
Street City State Zip Code

*If above residence less than three years, list below all residences for past three years.

Street City State Zip Code

Street City State Zip Code

PHONE NUMBERS (_____) _____ (_____) _____

SOCIAL SECURITY # _____

DATE AVAILABLE FOR EMPLOYMENT _____

If employed and under 18, can you furnish a work permit? NA YES NO

Have you ever been employed by this company? YES NO
If YES, give the date: _____

Are you currently employed? YES NO
If NO, how long since leaving last employment: _____

May we contact your present employer? YES NO
If YES, give name and phone number: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? YES NO
(Proof of citizenship or immigration status will be required upon employment)

Type of work desired: _____

Rate of pay expected: _____

Can you perform the essential functions of the job(s) for which you are applying? YES NO

Are you available to work: FULL-TIME PART-TIME OVER-TIME

If applying for a position where driving is required,
do you have a valid driver's license in this state?

YES

NO

Driver's License # _____

A. Have you ever been denied a drivers license, permit or privilege
to operate a motor vehicle?

YES

NO

B. Has any license, permit or privilege ever been suspended or revoked?
If YES to A or B, explain fully. _____

YES

NO

List class of equipment certified to operate (ex. CDL/Semi, Forklift, Air Conditioning Certification) _____

Have you ever been convicted of a felony?

YES

NO

If YES, explain fully. Conviction of a crime is not an automatic bar to employment—all circumstances will be considered.

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of a job.

EDUCATION

	ELEMENTARY	HIGH SCHOOL	COLLEGE	GRADUATE
SCHOOL NAME				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY/DEGREE	N/A	N/A		

SPECIAL SKILLS, QUALIFICATIONS, AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experience, employment, or other activities related to the job you are seeking: _____

REFERENCES

List three (3) non-relatives who are familiar with your qualifications, work history and ability.

Name	Relationship	Years Known	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EMPLOYMENT EXPERIENCE

Start with your present or last job. List your last four (4) jobs in order. Do not omit any job.

_____ Employer	_____ Your job position
_____ Address	_____ Employed from (mo/yr to mo/yr)
_____ Phone Number	_____ Your salary: Starting/ending
Duties: _____	
What did you like most about your job? _____	
What did you like least about your job? _____	
Reason for leaving: _____	

_____ Employer	_____ Your job position
_____ Address	_____ Employed from (mo/yr to mo/yr)
_____ Phone Number	_____ Your salary: Starting/ending
Duties: _____	
What did you like most about your job? _____	
What did you like least about your job? _____	
Reason for leaving: _____	

Employer

Your job position

Address

Employed from (mo/yr to mo/yr)

Phone Number

Your salary: Starting/ending

Duties: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Employer

Your job position

Address

Employed from (mo/yr to mo/yr)

Phone Number

Your salary: Starting/ending

Duties: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that I have read and understand all of this employment application and that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will result in refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character, and qualifications.

YES NO

If hired, I will be responsible for familiarizing myself with all rules and regulations of Osceola Implement & Supply, Inc. as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of the company or at my option, without notice, at any time and for any reason, except as specifically set forth in writing in a current individual employment agreement, which I have entered into with the company.

YES NO

I also understand that no representative of Osceola Implement & Supply, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

YES NO

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

YES NO

I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

YES NO

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

YES NO

I further authorize Osceola Implement and Supply, Inc. to order one or more consumer reports containing financial, driving record, and/or other information about me from a consumer reporting agency. I understand that the consumer report(s) will be requested and used for the purpose of evaluating me for employment, promotions, transfers, and/or retention as an employee.

YES NO

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

YES NO

This certifies that this application was completed by me, and that I have read, understand, and agree with the above. I also certify that all entries on this application are true and complete to the best of my knowledge.

Date

Applicant Signature

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

NOTICE BEFORE ORDERING CONSUMER REPORT

This is to inform you that as part of our procedure for evaluating your employment application or employment status, we may obtain from a consumer reporting agency one or more consumer reports containing financial, driving record, and/or other relevant information about you. These reports, if obtained, will only be used for the purpose of evaluating you for employment, promotions, transfers, and/or retention as an employee. The Fair Credit Reporting Act (FCRA) provides individuals with rights regarding customer reports and places certain obligations on employers using consumer reports for employment-related purposes.

Osceola Implement & Supply, Inc. will not obtain a consumer report without your signed authorization. The authorization is contained above the signature line on the Application for Employment. By signing the Application, you are authorizing Osceola Implement & Supply, Inc. to obtain one or more consumer reports.

I hereby acknowledge that I have read and understand the contents of this notice and by signing the Application for Employment, have given my authorization for Osceola Implement & Supply, Inc. to obtain one or more consumer reports for the purposes listed above.

Printed Name

Signature

Date