



All applications and resumes may be faxed to 402-341-2655 or submitted by email to info@beacon-mgmt.com

# APPLICATION FOR EMPLOYMENT

**Please print clearly in ink and complete all information requested.**

Name: Last: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Previous Address: (Complete only if at current address less than 2 years)

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

Home Phone # ( ) \_\_\_\_\_ Message Phone # ( ) \_\_\_\_\_ Preferred Contact # ( ) \_\_\_\_\_

## POSITION DESIRED

(A separate application must be provided for each position in which you are interested.)

Position Applying For: \_\_\_\_\_ Location: \_\_\_\_\_

Pay rate requested, please be specific: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of Work Desired:  Full Time  Part Time  Either Are you available to work weekends:  Yes  No

## PERSONAL INFORMATION

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the U.S.?  Yes  No

Social Security Number \_\_\_\_\_ and Date of Birth mm/dd/yy \_\_\_\_\_  
\_ for purpose of credit reporting \_\_\_\_\_ for purpose of credit reporting

For reference purposes, have you worked or attended school under a former name?

If yes, please list former name(s): \_\_\_\_\_  Yes  No

Do you own or lease reliable transportation to and from work?  Yes  No Do you have a valid drivers license?  Yes  No

Issuing State of License \_\_\_\_\_ License Number \_\_\_\_\_  
\_ for purpose of credit reporting \_\_\_\_\_ for purpose of credit reporting

Are you able to perform the essential functions of the position, either with or without reasonable accommodation?  Yes  No

Have you ever been convicted of a felony offense and/or arrested for a felony for which trial is now pending?

If yes, please explain: \_\_\_\_\_  Yes  No

Have you ever been convicted of a criminal offense and/or arrested for a crime for which trial is now pending?

If yes, please explain: \_\_\_\_\_  Yes  No

Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? If yes, please explain.

\_\_\_\_\_  Yes  No

Person to be notified in case of accident or emergency: \_\_\_\_\_  
Name
Address
Phone #

**EDUCATION AND TRAINING**

| Type of School   | Name and Location | No. Of Years Completed | Did You Graduate?  | Major & Degree |
|--|-------------------|------------------------|--|----------------|
| High School/ GED/Other   |                   |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| Business/Trade or Technical School   |                   |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| College(s) or University(ies)  |                   |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                |
| Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No |                   | Name/Course of Study:  |  |                |

**SPECIAL SKILLS**

License/Certificates:

Keyboarding WPM:

Computer Programs:

(Maintenance Only) Do you own your own tools? Yes No If yes describe:

List Foreign Language(s) (optional):

Speak \_\_\_\_\_  Read \_\_\_\_\_  Write \_\_\_\_\_  Interpret and/or translate \_\_\_\_\_  
 \_\_\_\_\_

Do you have any other experience, training, qualifications or skills, which you feel, make you especially suited for the position applied for? Yes No If yes, please explain.

## EMPLOYMENT HISTORY

**For the last 10 years, starting with most recent, list each job held and account for all periods of unemployment. Attach additional sheets if necessary. You must complete this section even if attaching a resume.**

EMPLOYER: \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

EMPLOYER: \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

EMPLOYER: \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by local, state or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should contact the corporate office.

## EMPLOYMENT HISTORY

EMPLOYER: \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

EMPLOYER: \_\_\_\_\_ May we contact this employer:  Yes  No

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Left: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

## CERTIFICATION

**Important, please read carefully and sign.**

I hereby certify that the information on this application and all other information otherwise provided is true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If employed I understand that all company property such as keys, materials and equipment, uniforms, etc. Must be returned immediately when it is requested, and that I will not receive my final check until all this property has been returned.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time. I further acknowledge that the only manner in which the "at will" nature of the employment relationship can be altered is by means of a specific written agreement signed by me and the Company's Chief Executive Officer.

I authorize the process of a routine police record check.

To assist in the evaluation of my employment qualifications, I authorize the company to request and receive any information concerning me from any persons, schools, companies, corporation, partnerships, associations, credit bureaus, law enforcement agencies, licensing agencies, and any of my previous employers. I also authorize any of the above parties to furnish this information to the company. I further release them and the company and its affiliates and subsidiaries from any and all liability and responsibility arising out of the release of any such information and credit reports.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_