



# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street (Apt) City, State Zip

Contact Information: ( ) ( ) \_\_\_\_\_  
Home Telephone Mobile Email

How did you learn about Legacy School? \_\_\_\_\_

POSITION SOUGHT: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

Desired Pay Range: \_\_\_\_\_ Are you currently employed? \_\_\_\_\_  
May we contact your current employer? \_\_\_\_\_

## EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			
Driver's License Number:	State of Issue:	Expiration Date:	
Nebraska Criminal History Report: (Leave blank – For office use)	Place of Birth:	Date of Birth:	

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### **PREVIOUS EXPERIENCE**

Please list beginning from most recent

<b>Dates Employed</b>	<b>Company Name</b>	<b>Location</b>	<b>Role/Title</b>

**Job notes, tasks performed and reason for leaving:**

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<b>Dates Employed</b>	<b>Company Name</b>	<b>Location</b>	<b>Role/Title</b>

**Job notes, tasks performed and reason for leaving:**

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<b>Dates Employed</b>	<b>Company Name</b>	<b>Location</b>	<b>Role/Title</b>

**Job notes, tasks performed and reason for leaving:**

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**REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year

Name	Address/Phone	Business	Years known

**Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position.**

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Date

Signature