

APPLICATION FOR EMPLOYMENT

SERVICETECHS LLC

P.O. Box 94824
Lincoln, NE 68509-4824

Social Security Number

Please Type or Use Dark Ink _____ - _____ - _____

Applicant's Name (Last, First, Middle Initial)

Street Address

City, State, Zip

Home Telephone Number

Work/Message Telephone Number

Type of Work Desired (CHECK ALL THAT APPLY)

Full-Time/Part-Time

_____ / _____

Date Available for Work:

Position Applied for:

Are you legally able to work in the United States?

Yes _____ or No _____

Have you ever been convicted of a violation of law other than a minor traffic violation?

No _____ Yes _____ if yes, please explain _____

SKILLS/EDUCATION RECORD

List any special skills or coursework you may have:

Employment Record

List below the positions you have held starting with your present employment. If more than one position has been held with a given organization, list each position as a separate period of employment. Under "Specific Duties" describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. Please be complete. Your employment history may be verified by contacting previous employers unless you request otherwise.

EMPLOYMENT INFORMATION

DESCRIPTION OF DUTIES

Employer/Kind of Business

Position Title

Salary (hourly)

Street Address

Specific Duties:

Immediate Supervisor/Title

Telephone

Dates of Employment (Month, Year)

From: _____ To: _____

Total Employed:

Years: _____ Months: _____

___ Full-Time or Part-time ___ Hours/week ___

Reason for Job Change

Employer/Kind of Business

Position Title

Salary (hourly)

Street Address

Specific Duties:

Immediate Supervisor/Title

Telephone

Dates of Employment (Month, Year)

From: _____ To: _____

Total Employed:

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Dates of Employment (Month, Year)

From: _____ To: _____

Total Employed:

Years: _____ Months: _____

____ Full-Time or Part-time ____ Hours/week _____

Reason for Job Change

Employer/Kind of Business	Position Title	Salary (hourly)
Street Address	Specific Duties:	
Immediate Supervisor/Title	Telephone	
Dates of Employment (Month, Year)		
From:	To:	
Total Employed:		
Years:	Months:	
___ Full-Time or Part-time ___ Hours/week ___		
Reason for Job Change		

High School Attended			
Name	Location	Dates Attended	Diploma Received Yes ___ No ___

Business, Correspondence, Trade, Technical or Vocational School, or Military In-Service Training			
Name	Location (City/State)	Dates of Attendance (Month/Year)	Degree Received (Program/Course of Study)

<u>Licenses and Certificates</u>			
Name of Trade or Profession	License Number		
Granted By	City and/or State		
Specialty	Licensed	From	To

I understand any false information in this application will be sufficient reason for rejection of my application or termination of my employment. I herewith authorize and request each and every former employer, person, firm, corporation and educational institution to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records. I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation. In addition my signature on this application form will serve as authorization to release any and all information recorded on or attached to this application to any state or federal investigative agency.

Sign Here: _____
Applicant's Signature
Date