



520 E. Tenth St.
Superior, NE 68978
(402) 879-4432 ext.274

APPLICANT INFORMATION									
Last Name		First			M.I.		Date		
Street Address				Apartment/Unit #					
City			State		ZIP				
Phone			E-mail Address						
Date Available					Desired Salary				
Position Applied for									
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION									
High School			Address						
Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Please list other credentials:									
REFERENCES									
<i>Please list three professional references.</i>									
Full Name			Relationship						
Company			Phone		()				
Address									
Full Name			Relationship						
Company			Phone		()				
Address									
Full Name			Relationship						
Company			Phone		()				
Address									

PREVIOUS EMPLOYMENT										
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Company					Phone	()				
Address					Supervisor					
Job Title				Starting Salary	\$			Ending Salary	\$	
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
MILITARY SERVICE										
Branch					From		To			
Rank at Discharge					Type of Discharge					
If other than honorable, explain										
DISCLAIMER AND SIGNATURE										
<p>I understand that this is a preliminary application and the applicants may be interviewed and references checked. I can perform the essential functions of the position with or without reasonable accommodation. I understand that I may be required to take a physical examination following a conditional offer of employment. I herewith authorize and request each and every former employer, person, firm, or corporation 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 and records. All of the information on this application is true and correct to the best of my knowledge. I understand that any false or misleading statements or omission of relevant information shall be cause for rejection of my application, and/or if employed, shall be just cause for subsequent dismissal. Furthermore, I understand that just as I am free to resign at any time. Brodstone reserves the right to terminate my employment at any time, with or without cause and with out prior notice. I understand that no representative of Brodstone has the authority to make assurances.</p>										
Signature					Date					

To be completed if Hired:

Starting Date and Time: _____ Starting Salary: \$ _____
 Supervisor: _____
 Department: _____ Position _____ Full Time Part Time On Call Temporary
 Emergency Contact: _____ Phone: _____