

People's City Mission Application
110 Q Street, Lincoln, NE 68508 (402) 475-1303
www.peoplescitymission.org

Separate applications and job specific supplemental questionnaires are required for each position. Resumes may be helpful and can be included with this application, but cannot be used as a substitute for an application or supplemental questionnaire.

Date _____

Instructions to Applicant:

Type or print legibly in completing all pages of this application. Please sign last page.

The application and any attachments become the property of the People's City Mission of Lincoln.

Applying for Position: Title _____

Department _____

Name: Last _____

First _____

Middle _____

Telephone: Home _____

Telephone: Cell _____

Address: Number & Street _____

Apt. No. _____

City _____

State _____

Zip Code _____

Email address _____

Social Security Number _____

(Used for computer retrieval only)

Are you under the age of 18? Yes No

Employment Desired:

full-time

part-time

temporary

Date available _____

Are you a United States Citizen? Yes

No

If you are not a citizen, give the number of your permanent resident card or work permit:

CRIMINAL HISTORY

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

Yes ___ No___ If yes, please explain below: List ALL convictions for any law violations such as DUI, shoplifting, minor in possession, reckless driving, etc., including convictions that have been set aside, pardoned, or expunged. Minor traffic violations, i.e., parking ticket, speeding tickets, do not need to be listed.

Date: _____ Charges: _____

Date: _____ Charges: _____

Explanation: A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed.

Name _____

Do any of your relatives work in a supervisory position for People 's City Mission of Lincoln?

Yes _____ No _____ If yes, give names and departments _____

Have you ever worked for People 's City Mission of Lincoln?

Yes _____ No _____ If yes, give dates and departments: _____

EDUCATIONAL RECORD

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School Attended: _____

Address: _____

Did you graduate? Yes _____ No _____ or obtain equivalent (GED) Yes _____ No _____

VOCATIONAL EDUCATION: Business School, Trade School, Service Schools, etc.

Name/Location	Dates Attended	Courses of Study	Diploma or Certificate Received	Credit Hours Earned

COLLEGE and UNIVERSITY: Undergraduates, Graduate, Professional

Name/Location	Dates Attended	Courses of Study	Diploma or Certificate Received	Credit Hours Earned

OTHER:

Name/Location	Dates Attended	Courses of Study	Diploma or Certificate Received	Credit Hours Earned

Name: _____

EMPLOYMENT/VOLUNTEER/MILITARY RECORD

JOB #1 Present or last employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number		
City:	State:	Zip Code:	Date Started: Mo. Yr.	Date Left: Mo. Year	
Number of hrs worked per week:	Pay at Start: \$ Per		Pay at End: \$ Per		Total Time Employed: Yrs. Mos.
What were your duties?					
Reason for leaving:					
JOB #2 Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number		
City:	State:	Zip Code:	Date Started: Mo. Yr.	Date Left: Mo. Year	
Number of hrs worked per week:	Pay at Start: \$ Per		Pay at End: \$ Per		Total Time Employed: Yrs. Mos.
What were your duties?					
Reason for leaving:					
JOB #3 Employer or Company:			Job Title:		
Address:			Name of Supervisor & Phone Number		
City:	State:	Zip Code:	Date Started: Mo. Yr.	Date Left: Mo. Year	
Number of hrs worked per week:	Pay at Start: \$ Per		Pay at End: \$ Per		Total Time Employed: Yrs. Mos.
What were your duties?					
Reason for leaving:					

Please Read Before Signing

APPLICANT STATEMENT

I understand that :

Any material omissions and/or false information I record on the application will be sufficient reason for rejection of this application or termination of my employment. In addition, I authorize and request now or in the future each and every former employer, school, individual, agency, organization or law enforcement agency to answer any and all questions that may be asked and herewith hold such persons harmless for giving any information with their knowledge or record.

As a **CONDITION OF EMPLOYMENT**, I agree to submit documents relating to my identity and employment authorization within prescribed time limits in accordance with the Immigration Reform and control Act of 1986.

If I am applying for a safety sensitive position covered by the Federal Department of Transportation Regulations, applicants and employees are subject to mandatory drug and alcohol testing policies as a **CONDITION OF EMPLOYMENT**.

All City Mission employees, regardless of status, are subject to Reasonable Suspicion, Return to duty, and unannounced Follow-up Drug and Alcohol testing. Employees who test positive are subject to discipline up to and including termination.

If hired, probationary, temporary and unclassified employees have no right to regular status employment or appeal rights, if terminated.

THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT.

This application must be signed and dated for consideration of employment.

SIGNATURE _____ DATE _____

People's City Mission is incorporated as a privately funded non-profit Christian ministry. Please share some thoughts regarding your philosophy of ministry/faith and how that would relate to employment at People's City Mission. Please use another sheet, if needed for additional comments.

PEOPLE'S CITY MISSION: STATEMENT OF FAITH

Observing the various ministries of People's City Mission, it becomes obvious that our actions to serve the needy flow out of our central faith in Christ, our love for God. We seek to share God's unconditional love and redeeming acceptance to those whose lives we touch, challenging them toward a dependence upon the living, Creator-Sustainer. Because this purpose is central to our mission, we desire that all staff and volunteers be of the same mind concerning our message of faith and hope in God, through Jesus Christ. The following is our "Statement of Faith," that which is central to our belief system, our motivation for service.

1. We believe the bible to be the inspired, infallible, ultimately authoritative Word of God.
2. We believe there is one God, eternally existing as Father, Son, and Holy Spirit.
3. We believe that the Lord Jesus Christ is deity, (both God and man), that he bodily resurrected and ascended into heaven and that He will come again in power and great glory.
4. We believe that people are sinners and in need of salvation and are saved by grace through faith in the finished work of Jesus Christ through the regeneration of the Holy Spirit.
5. We believe in the present ministry of the Holy Spirit, by whom Christ indwells each believer, enabling him or her to live a godly life of obedience as he or she reached for maturity.
6. We believe the Holy Spirit unites all true believers in the Lord Jesus Christ and that together they form one body, the Church.

In summary, the above points are central to our faith and embody the message we seek to proclaim. We acknowledge there are other "points of doctrine," but consider those peripheral to the Mission's purpose of leading people to personal relationship with God, through Jesus Christ. We believe that all Christians can and should work together harmoniously as they fulfill the great commands to love God and love one another. As representatives of Christ, we must observe and follow His example in Mark 1:41 "...Filled with compassion, Jesus reached out His hand and touched the man (the leper). 'I am willing' He said." We obey Christ as we reach out and touch in compassion, the impoverished of spirit and body.

Signature

Date



All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. **This form is for use only by organizations who have registered with CFS to obtain CAN Registry and/or APS Registry information.** For information on how to register your organization go to: http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx .

ORGANIZATION INFORMATION

Registered Organization ID Number	Registered Organization Name
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APPLICANT INFORMATION

First	Middle	Last Name
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Date of Birth	Age	Social Security Number
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Current Address

City	State	Zip Code
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Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided in the past 20 years (minimum City & State):

Please release the following information to the Organization listed above: (Check all that apply): .

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding any listing(s) which relate or pertain to me:

- a. Date of the alleged child abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding any listing(s) which relate or pertain to me:

- a. Date of the alleged adult abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

Signature of Applicant

Date

(NOTE: If Applicant is less than 19 years of age the signature of Applicant's Legal Guardian is also required below)

Section A - Verification of Identity of Applicant: Section A or B must be completed.

STATE OF _____)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

(Printed Name of Applicant) .

Affix Official Notary seal here

Notary Public

Section B - Verification of Identity of Applicant: Section A or B must be completed.

The undersigned Organization employee hereby certifies that he or she has verified the identify of the Applicant by examining the Applicant's identification documents.

Signature of Organization Employee

Date

Printed Name of Organization Employee

Signature of Applicant's Legal Guardian

Date

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

Verification of Identity of Applicant's Legal Guardian (If applicable)

STATE OF _____)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

(Printed name of Applicant's Legal Guardian) .

Affix Official Notary seal here

Notary Public