

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 _____

Are you under the age of 18? Yes No

(Used for computer retrieval only)

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.
