



angel guardians, inc

## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on the this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applied for and type of work desired: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of Employment desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

Date you are available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any objection to working overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if required by this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been previously employed by our organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are under 18, can you furnish a work permit if it is required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a crime in the past 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain (a conviction will NOT automatically bar employment) \_\_\_\_\_

Drivers license number : \_\_\_\_\_ Email Address: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

### Employment History:

Please provide all employment information for your past four employers, starting with the most recent:

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job Summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job Summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



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Angel Guardians, Inc.  
15677 Spaulding Street  
Omaha, Nebraska 68116  
(402) 334-5232

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Immediate Supervisor & Title: \_\_\_\_\_  
Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Other Skills & Qualifications**

Summarize any job-related training, skills, licenses, certificates and/or other qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational History**

List school name & location, years completed, course of study and degrees earned:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical training/Other: \_\_\_\_\_

**References**

List 3 references names, telephone numbers & years know (please do not include relatives or employers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Angel Guardians, Inc. to contact, obtain & verify the accuracy of information contained in this application from all previous employers, educational institutions & references. I also hereby release from liability, Angel Guardians, Inc. & its representatives fro seeking, gathering & using such information to make employment decisions & all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Angel Guardians, Inc. can terminate the relationship at will, with or without cause at anytime, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Release of Information

I, \_\_\_\_\_ authorize the release of any and all criminal history information, to include local, state and federal criminal history, to my employer Angel Guardians, Inc.

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OR

I, \_\_\_\_\_ do not authorize the release of my criminal history information to my employer, Angel Guardians, Inc.

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Printed name of employee

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Signature of employee

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Date



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Division of Children and Family Services  
 Agency Request for Information from the Nebraska  
 Adult and Child Abuse and Neglect Register/Registry

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name	Fax Number
ANGEL GUARDIANS, INC dba ANGELWORKS	402-330-1486
Address	Phone Number
15677 SPAULDING ST. OMAHA, NE 68116	402-334-5232

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Full Legal Name (applicant)

Address City/State Zip

Date of Birth Social Security Number

Other names previously used such as former married names, maiden name and nick names.

Names and birth dates of your children and children who have lived with you.

Any Address at which you have resided during the past 20 years.

Print full legal name

Signature

Date

