

**NEBRASKA PULMONARY SPECIALTIES, LLC**  
**APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer**

**We do not discriminate on the basis of race, color, religion, national origin, gender, gender identity, genetics, sexual orientation, marital status, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related matters.**

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on the second page of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work? \_\_\_\_\_

For which schedule are you available? Weekdays  Other  \_\_\_\_\_

\_\_\_\_\_  
 Last Name                      First Name                      Middle Name                      Telephone Number

\_\_\_\_\_  
 Present Street Address                      City                      State                      Zip Code

Are you 18 years of age or older? ..... Yes  No   
 (If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Have you ever applied here before?    Yes  No     If yes, when? \_\_\_\_\_

Were you ever employed here?        Yes  No         If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violations? ..... Yes  No   
 (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.)

If yes, give details \_\_\_\_\_  
 (A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business  
 or employment outside of our job? ..... Yes  No   
 If yes, give details \_\_\_\_\_

| <b>LIST NAME AND ADDRESS OF SCHOOLS</b> | <b>Number of<br/>Years<br/>Completed</b> | <b>Diploma/<br/>Degree/<br/>Certificate</b> | <b>Subjects<br/>Studied</b> |
|---|--|---|-----------------------------|
| High School or GED: _____               |  |   |                             |
| College or University: _____            |  |   |                             |
| Vocational or Technical: _____          |  |   |                             |

What Skills or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_  
 \_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_

List names of employers in consecutive order with current or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm's name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

|                       |           |                                     |
|-----------------------|-----------|-------------------------------------|
| NAME OF EMPLOYER      |           | JOB TITLE AND DUTIES                |
| ADDRESS               |           | DATES OF EMPLOMENT (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE |           | PAY: START \$ FINAL \$              |
| SUPERVISOR(S)         | TELEPHONE | REASON FOR LEAVING                  |
| NAME OF EMPLOYER      |           | JOB TITLE AND DUTIES                |
| ADDRESS               |           | DATES OF EMPLOMENT (MO/YR): FROM TO |
| CITY, STATE, ZIP CODE |           | PAY: START \$ FINAL \$              |
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| CITY, STATE, ZIP CODE |           | PAY: START \$ FINAL \$              |
| SUPERVISOR(S)         | TELEPHONE | REASON FOR LEAVING                  |

Have you worked or attended school under any other names? ..... Yes  No   
 If yes, give names: \_\_\_\_\_  
 Are you presently employed? ..... Yes  No   
 If yes, whom do you suggest we contact? \_\_\_\_\_  
 Have you ever been fired from a job or asked to resign? ..... Yes  No   
 If yes, please explain: \_\_\_\_\_

Give three references (non-relatives.)

| Name  | Address | Phone |
|-------|---------|-------|
| _____ | _____   | _____ |
| _____ | _____   | _____ |
| _____ | _____   | _____ |

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the president of the organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the president and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application for employment will remain active for a limited time. Ask the organization's representative for details.**