



GRACE Cancer Foundation

3310 W. Capital Avenue, Grand Island, NE 68803

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

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"/>
Other names used in the past (i.e. maiden)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	List names:	_____	
Have you pleaded guilty, no contest or been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, explain:	_____	
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		_____	

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Employment Experience

Beginning with your most recent position, list positions that you have held. If you have additional employment experience relevant to the position for which you are applying, please provide the requested information on a separate sheet of paper.

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Dates From: _____ To: _____ Reason for Leaving: _____

May we contact your employer for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Dates
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Dates
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Dates
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? YES NO

References

Please use professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Summarize prior relevant experience and fill in periods of unemployment or periods unaccounted for in previous sections. Please use a separate sheet of paper if more space is needed.

List any professional organizations, certifications, memberships, volunteer activities, etc. which may be *job relevant*.

Please list any additional information you consider helpful in considering you for this position.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize the references, supervisors and employers listed above to provide any and all information concerning my current or previous employment. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information.

Signature: _____ Date: _____

Thank you for your interest in employment with GRACE Cancer Foundation.