

Region V Systems
Application for Employment

Today's Date _____

This application must be accompanied by a cover letter and resume. Mail, hand deliver, or e-mail your submission to Region V Systems, 1645 'N' Street, Lincoln, NE 68508 or at hr@region5systems.net. Applications are only: 1) accepted for open positions; and 2) valid for 6 months from date of applicant's signature. Applications received after a specified closing date will not be considered.

Please Print or Type

Name	(Last)	(First)	(Full Middle Name)	Last Four Digits of Social Security Number
Current Address			City	State Zip Code
Best # to reach you from 8:00 a.m. – 4:30 p.m. ()		Best # to reach you after 4:30 p.m. ()		E-mail Address
If no phone, how may we contact you?				
What position are you applying for?		Salary desired		Date available for employment
Are you willing to travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any restrictions on hours, weekends, or overtime? If yes, explain.		
Are any of your relatives presently employed with Region V Systems? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been employed with Region V Systems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what full name? _____		
If previously employed by Region V Systems, please indicate dates and position held. _____				
How were you referred? <input type="checkbox"/> Facebook <input type="checkbox"/> LinkedIn <input type="checkbox"/> NEworks <input type="checkbox"/> NebraskaBehavioralHealthJobs.com <input type="checkbox"/> College Job Board: _____ <input type="checkbox"/> CornhuskerHelpWanted.com <input type="checkbox"/> Human Services Federation Newsletter <input type="checkbox"/> Military Spouse Corporate Career Network (MSCCN)/Corporate America Supports You (CASY) <input type="checkbox"/> LJS Online <input type="checkbox"/> National Association of Social Workers (NASW) <input type="checkbox"/> Current employee: _____ <input type="checkbox"/> Referral: _____ <input type="checkbox"/> Other: _____				
Can you, upon employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you eligible for and requesting a veterans preference? <input type="checkbox"/> Yes <input type="checkbox"/> No A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.

PERFORMANCE OF JOB FUNCTIONS

Are you able to perform the essential functions of the job for which you are applying, with or without accommodation? ☐ Yes ☐ No

EDUCATION

School Level	School Name, City, & State	No. of Years Attended	Did You Graduate?	Type of Degree or Diploma
High School				
College				
Graduate School				

EMPLOYMENT HISTORY

Are you employed now? ☐ Yes ☐ No If so, may we inquire of your present employer? ☐ Yes ☐ No

Have you ever been discharged from any employment or asked to resign? ☐ Yes ☐ No

If yes, which employer and give explanation: _____

PAST EMPLOYERS: List below last three employers, starting with the most recent employer:

Name of Employer	Position	Main Telephone # ()	Fax # ()
Full Address (Including Street, City, State & Zip)		Kind of Business	
Supervisor's Name, Title, & Phone #		Ending Pay	
Dates Employed From (Month/Year) - To (Month/Year)		Reason for Leaving	
Describe the Work Performed			

Name of Employer	Position	Main Telephone # ()	Fax # ()
Full Address (Including Street, City, State & Zip)		Kind of Business	
Supervisor's Name, Title, & Phone #		Ending Pay	
Dates Employed From (Month/Year) - To (Month/Year)		Reason for Leaving	
Describe the Work Performed			

Name of Employer	Position	Main Telephone # ()	Fax # ()
Full Address (Including Street, City, State & Zip)		Kind of Business	
Supervisor's Name, Title, & Phone #		Ending Pay	
Dates Employed From (Month/Year) - To (Month/Year)		Reason for Leaving	
Describe the Work Performed			

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to Region V Systems' rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or Region V Systems' option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by Region V Systems.

DATE: _____

SIGNATURE: _____