



NorthStar Services  
**APPLICATION FOR EMPLOYMENT**

Please print or type

Name: \_\_\_\_\_  
                         First  Middle Initial  Last

Home Phone: \_\_\_\_\_

Other number where you can be reached: \_\_\_\_\_

Current Address: \_\_\_\_\_  
   Street  City  State  Zip

Permanent Address: \_\_\_\_\_  
 (If different from above) Street City State Zip

**POSITION APPLYING FOR**

Position Desired \_\_\_\_\_

Are you interested in:  Full-time  Part-time

Have you previously been employed by NorthStar?  Yes  No \_\_\_\_\_ Dates

Are you available to work weekends and holidays?  Yes  No

Your application will be kept for a minimum of one year. Do you want your application to remain in the active file for 60 days?  Yes  No

Have you ever been convicted of a violation of law, other than a minor motor vehicle violation?  Yes  No \_\_\_\_\_ Date(s), if applicable

If yes, please explain: \_\_\_\_\_

**NOTE:** A conviction record is not an automatic bar to employment. Each case is considered in relation to the position applied for.

On what date would you be available for work? \_\_\_\_\_

How did you receive notice of this position? (Check all that apply)

Newspaper advertisement  
   (Which paper?) \_\_\_\_\_

Employment office

Walk-in  
 Friend or relative  
 NorthStar employee

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**EDUCATION**

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High School Graduate / GED?  Yes  No

(Upon offer of employment, employee must furnish transcript, diploma or GED certificate)

List any educational background information that you feel would be of use in evaluating your qualifications for the position you seek.

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**OTHER**

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List any activities, organizational memberships, military skills/training or interests that you feel would be of use in evaluating your qualifications for the position you seek.

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**EMPLOYMENT RECORD**

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Please list employment history, starting with your current or most recent employer

Employer	Telephone Number	Supervisor's Name
Address	Dates Employed _____ TO _____ MO/YR MO/YR	Hours worked per week
Job Title	Will you use this employer as a reference?	
Nature of Duties		
Reason for leaving or seeking change of position		

**EMPLOYMENT RECORD, cont.**

Employer	Telephone Number	Supervisor's Name
Address	Dates Employed _____ TO _____ MO/YR MO/YR	Hours worked per week
Job Title	Will you use this employer as a reference?	
Nature of Duties		
Reason for leaving or seeking change of position		
Employer	Telephone Number	Supervisor's Name
Address	Dates Employed _____ TO _____ MO/YR MO/YR	Hours worked per week
Job Title	Will you use this employer as a reference?	
Nature of Duties		
Reason for leaving or seeking change of position		
Employer	Telephone Number	Supervisor's Name
Address	Dates Employed _____ TO _____ MO/YR MO/YR	Hours worked per week
Job Title	Will you use this employer as a reference?	
Nature of Duties		
Reason for leaving or seeking change of position		

I attest that the information I have provided is true to the best of my knowledge. It is my understanding that misrepresentation or omission of facts will be cause for ending consideration for employment or dismissal (if employed).

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_



## PRE-APPLICATION INFORMATIONAL SHEET

Thank you for considering employment with NorthStar Services. We are an Equal Employment Opportunity agency. Before you complete the application, please review and initial each of the following requirements for all NorthStar Services employees.

<b>P L E A S E  I N I T I A L  E A C H  I T E M</b>	<b>PLEASE INITIAL</b>	<b>All NorthStar Services employees must:</b>
		Be at least 18 years of age
		Be able to read, write and comprehend the English language
		Prove eligibility to work in the United States, as listed on the I-9 Employment Eligibility Verification form (such as Social Security Card, driver's license, birth certificate, work Visa, etc.)
		Have a minimum of a high school diploma or General Equivalency Diploma (GED) and be able to provide documentation at the time of employment
		Have a checking or savings account (in your name) for direct deposit of payroll
		Have their own liability insurance coverage for their personal vehicle, which they may be required to use
		Have an agency physical completed, including a TB test and the demonstrated ability to lift at least 45 pounds
		Attend required, paid training during the first 90 days of employment according to Appendix A of the Policy and Procedure Concerning Staff Development (included in packet)
		Have their name checked against the Nebraska Department of Health and Human Services Adult/Child Central Registries; the purpose of this check will be to determine if the employee's name is being maintained on either registry as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded
		Have their fingerprints checked for a criminal background record. (NorthStar Services does not determine an applicant's employment status solely on the basis of a conviction in a criminal court)
	Cooperate with the drug testing policy, including random, post-accident and reasonable suspicion testing	

Please return this copy to NorthStar

I N I T I A L	PLEASE INITIAL	<b>All NorthStar Services employees must:</b>
		Have a valid driver's license subject to the agency <i>Policy Concerning Employee Driving Records</i> ; driving records may be checked with the Department of Motor Vehicles to ensure compliance with the policy

**Policy Concerning Employee Driving Records**

Minimum Standards: Drivers are unacceptable if the following violations have occurred:

Within the last three (3) years:

1. Leaving the scene of a personal injury accident
2. Four (4) moving violations
3. Failure to submit to a chemical test

Within the last two (2) years:

1. Three (3) moving violations

Within the last twelve (12) months:

1. Accumulation of ten (10) points
2. Driving under the influence of alcohol and/or drugs

Please **sign and date** below to indicate your understanding of NorthStar Services employment requirements. An extra copy has been included in this packet, for your reference. Please **submit** this copy with the **application** and **Equal Employment Opportunity Survey**.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

Please return this copy to NorthStar

**NEBRASKA DEPARTMENT OF PERSONNEL**  
**Equal Employment Opportunity Survey**  
 • For Statistical Use Only

**For Office Use Only**  
 SOS  
 Yellow Postcard  
 Resume Rec'd  
 Unsigned

**To All Applicants:**

The following requested information in no way affects you as an individual applicant. The hiring supervisor will not have access to this survey. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods, and for the purpose of Federal Equal Employment Opportunity reporting. Please give us your cooperation by completing this voluntary questionnaire.

If you are a member of an affected group (minority, women, age 40 and over, disabled), your application may be retained in our Affirmative Action Resource Bank.

Social Security Number

Please check here if you would like your application retained in the Affirmative Action Resource Bank.

Please check the correct box for each question below.

**A. Sex** (1)  Male (2)  Female

**B. Age** (1)  19 or less (2)  20-29 (3)  30-39 (4)  40-49 (5)  50-59 (6)  60-69 (7)  70 or Over

**C. Highest Level of Education**

(1)  0-8 years (2)  9-12 years (3)  High School Graduate/GED (4)  Post High School, Vocational or Business School (5)  College, less than B.A. or B.S. Degree

(6)  B.A., B.S. or Similar Degree (7)  M.A. or Similar Professional Degree (8)  PHD, JD, LLB or Similar Professional Degree (9)  MD or Similar Professional Degree

**D. Which Racial/Ethnic Group Do You Consider Yourself a Member?**

(1)  Alaska Native (2)  American Indian (3)  Asian or Pacific Island (4)  Black (5)  Hispanic (6)  White (7)  Other \_\_\_\_\_

**E. Do You Have a Disability?**

(1)  No (2)  Blind (3)  Deaf (4)  Amputee (5)  Epilepsy (6)  Diabetes (7)  Paralysis (8)  Cardiac (9)  Other \_\_\_\_\_

**F. How Did You Learn About This Job?**

(1)  NE Job Service Office (2)  Other State Agency (3)  State Employee (4)  Friend (5)  Newspaper or Periodical (Specify) \_\_\_\_\_ (6)  Radio/Television (7)  School (8)  State Personnel/Job Line (9)  Other \_\_\_\_\_