

## **Employment Application**

## **General Information** EEO / AA / ADA Last Name First Name Middle Initial Date Street Address City State Zip Home Phone Work Phone Cell Phone E-mail Are you at least 21 years old? Yes No Are you a U.S. citizen or legally authorized to work in this country? No Yes

Education	Name of School	Years Completed	Major Subjects	Year of Degree/Diploma
High School				
University/College				
Graduate School				

## **Employment**

Street Address	Supervisor	Phone
Specific Duties	From: MO/YEAR	To: MO/YEAR
	Hour Per Week	Ending Pay
Street Address	Supervisor	Phone
Specific Duties	From: MO/YEAR	To: MO/YEAR
	Hour Per Week	Ending Pay
Street Address	Supervisor	Phone
Specific Duties	From: MO/YEAR	To: MO/YEAR
	Hour Per Week	Ending Pay
	Street Address Specific Duties Street Address Street Address	Image: Second street Address       Hour Per Week         Street Address       Supervisor         Specific Duties       From: MO/YEAR         Hour Per Week       Hour Per Week         Street Address       Supervisor         Street Address       Supervisor         Street Address       Supervisor         Street Address       Supervisor         Specific Duties       From: MO/YEAR

## **Professional and Personal Reference (Not Relatives)**

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Have you ever been convicted of a sexual assau If yes, please explain on a separate attachment.	t or law violation other than a minor traffic violation? Y	ves No
of facts or misrepresentation may result in my c appointment to a position or in a written contrac will, and either MTKO, or the employee may te	pplication is true to the best of my knowledge and belief. I und ischarge, if hired, regardless of when discovered. Unless other et of employment duly approved and executed by MTKO regular minate the employment relationship upon giving the proper ac , educational record, criminal record and other records to verify liability resulting from such investigation.	wise expressly stated in a written ar employees are considered at lvance notice. I grant permission
Signature	Date	
Social Security #		
	Dutreach, 2121 N. 27th St., P.O. Box 80935 Linc 16 Fax: (402) 477-4118 email: info@mtko.c	2 ·

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