



Application for Employment

Date: _____

Please read these instructions carefully. To be considered an applicant, you must:

- 1) Apply for a position that is open as of the date of your application. You may attach a cover letter and resume.
- 2) Complete all parts of the application, **sign and date the last sheet**. Incomplete applications will not be considered.

Applications remain active 60 days from the date of the application was made. If you are applying after 60 days, the old application has been destroyed and a new application must be completed.

Last Name	First Name	Middle Initial	Home Phone	Work Phone
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Current Address	City	State	Zip Code
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Email Address	May we contact you at this Email address?
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Yes No **Comments:**

Position Applying For	Type of Employment
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Full Time Part Time Seasonal Temporary

Have you ever been employed by or performed work for any of the NEBCO, Inc. companies? If yes, identify the company and dates of employment.

Yes No **Company information:**

Do you have a relative presently employed by any of the NEBCO, Inc. companies?

Yes No If yes, who & where?

Are you 16 years of age or over?	Are you 18 years of age or older?	Date available for work
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Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /
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Have you ever been convicted of, pleaded guilty or no contest to, or received deferred adjudication for any felony or misdemeanor, other than minor traffic or parking violations? (A yes response will not automatically disqualify you from being considered as a candidate for employment.)

Yes No **Explanation:** _____ Date: / /

Drivers License Number:	State:	Class:	Expiration Date:
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/ /

Are you able to submit, in accordance with the Immigration Reform and Control Act of 1986, the appropriate documentation as noted on an I-9, to certify U.S citizenship or verification of your legal right to work in the U.S.?

Yes No **Are you willing to work overtime, if required?** Yes No **Comment:**

Do you smoke or use tobacco products? (Please note, All NEBCO properties and vehicles are tobacco free.)

Yes No

How were you referred to us for this job? Check all that apply.

Newspaper Employee State Employment Web Site Career Fair Other? _____

Education

Circle the total number of years of education that you have completed (elementary through college)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Check here / / if you have a GED.

Name and Location of School	Did you Graduate?	Hours of Credit	Type of Degree	Major
<u>High School</u>				

College or University

Other-Trade School, etc.

Additional Schooling and Training

Job History/Employment

List below the positions you have held starting with your present employment. Please be complete. Your employment history may be verified by contacting previous employers, any exceptions must be agreed upon with NEBCO, Inc. Volunteer or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. Do not substitute language which refers to "see resume". Questions are asked for a purpose.

Current, or last, employer	Employed From	To
Employer's address, City, State, Zip Code	Phone Number	
Name and Title of Immediate Supervisor	Ending Salary	Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
Your Title	\$	
Description of Duties		
Reasons for leaving, or considering this change (Required)	May we contact this employer?	
	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason	

Past employer	Employed From	To
Employer's address, City, State, Zip Code	Phone Number	
Name and Title of Immediate Supervisor	Ending Salary	Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
Your Title	\$	
Description of Duties		
Reasons for leaving, or considering this change (Required)	May we contact this employer?	
	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason	

Past employer	Employed From	To
Employer's address, City, State, Zip Code	Phone Number	
Name and Title of Immediate Supervisor	Ending Salary	Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
Your Title	\$	
Description of Duties		
Reasons for leaving, or considering this change (Required)	May we contact this employer?	
	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason	

Past employer	Employed From	To
Employer's address, City, State, Zip Code	Phone Number	
Name and Title of Immediate Supervisor	Ending Salary	Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>
Your Title	\$	
Description of Duties		
Reasons for leaving, or considering this change (Required)	May we contact this employer?	
	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason	

If you need more space, attach another Job History/Employment sheet.

Applicant's Previous Addresses (past 3 years)

Address	City	State	Zip Code	Dates

Personal References

References should not include previous employers or relatives.

Name/Occupation	Address/City/State/Zip	Relationship	Daytime Phone Number & Email Address

Skills

List special skills, abilities or knowledge which you have. Please be specific of the type of equipment (CDL, forklift, loader, etc.) or skill and the level of proficiency which you possess. Include types of software, hardware, office equipment, machinery, etc. Also include language skills in this section.

For Office Use Only

Interviewed: Yes No Not Hired Hired **Manager:** _____

Start Date _____ **Title** _____ **Salary \$** _____

Annually **Monthly** **Weekly** **Status:** _____

Comments: _____

Applicant's Statement, Acknowledgement and Representations

Please **read** the following statements and acknowledgments, and **put your initials after each statement that you have read**. Additionally, by **signing your name to this application**, you represent that you have read, understand and agreed to all statements, acknowledgments and representations contained in this section.

- (1) I, the undersigned, certify that this application was completed by me or at my direction and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize the company with which this application is being filed ("the Company") to verify any such information and to contact any reference or former employer identified by me. _____
- (2) I understand that the Company and / or its agents may investigate any information that it believes is business relevant including, but not limited to, employment history, educational background, criminal records, and driving record. I expressly authorize investigation of all statements and representations made in this application, and I expressly authorize and hereby release former employers, schools, and any business references that I have listed on this application from any and all liability and /or damages on account of and resulting from their furnishing any such information to the Company. This consent shall continue through this application and through the entire time I may remain employed by NEBCO Inc. or affiliated companies if this application results in my being so employed. _____

I, (applicant), hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to NEBCO and affiliated companies.

Signature: _____ Date: _____

- (3) I understand that, if employed by the Company, my employment shall be in accordance with the terms of this application and the Company rules and regulations, which may be modified at any time by the Company, and which include, but are not limited to, an obligation expressly assumed by me to keep all information relating to my work with the Company confidential. I further understand that my employment, if any, is expressly conditioned and contingent upon my meeting or exceeding all placement considerations, including but not limited to pre-employment substance abuse testing and medical exams, if any, conducted on behalf of the Company. _____
- (4) I understand that my employment, if any, is "at will," which means that I may be terminated or I may resign at any time, with or without notice, with or without cause, and in such event, the Company's only obligation is to pay me wages or salary earned by me to the date of termination. I further acknowledge and understand that, if employed, my employment is for an indefinite period of time, and no documents of the Company or any representations therein shall in any way constitute a contract of employment or in any way affect the "at will" nature of my employment, if any. I understand that the policy set forth in this paragraph may be modified only by written agreement signed by me and by an officer of the Company. _____
- (5) The Company shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record, work habits, and work performance with the Company, including the information contained in this application, or copies of any information which is maintained in any personnel files that are kept by the company. I specifically release the Company, its officers, directors, agents, and employees from any and all liability and / or damages regarding the release of any information described in this paragraph. _____
- (6) **Arbitration Agreement:** In consideration of any offer of employment that is extended to me as a result of my submission of this application and as an express condition of my employment, I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and / or cessation of employment with the Company, exclusively by final and binding arbitration before a neutral arbitrator, in accordance with Company policy. No class action or joinder or consolidation of any claim with the claim of any other person is permitted in arbitration without the express consent of both parties. By way of example only, discrimination, wages, benefits, working environment and / or claims for violation of Federal, State or Local law or ordinance, and claims under federal, state, and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort. The Arbitration shall be conducted in accordance with the Company's Arbitration policy that will be provided upon offer of employment and any Arbitration pursuant to this Agreement shall be held in Lincoln, Nebraska, Lancaster County. Nothing in this application shall constitute an Employment Contract, and I acknowledge that my employment is "at will" only, which means that either I or the company can terminate employment with or without notice; I further acknowledge that I am agreeing to forego any right to a jury trial on any claims that are the subject of Arbitration Agreement.

I, the undersigned, acknowledge that every statement of fact and representation in this application is true and correct, and I understand and agree that any misrepresentation or omission of fact in regard to any information provided in this application is cause for immediate dismissal, regardless of when any such misrepresentation or omission of fact is discovered.

Print Name _____ Applicant's Signature _____ Date _____