



Employment Application

Capitol City Telephone, Inc. 2829 N. 33rd Street Suite 101
Lincoln NE 68504 402-467-2121 Fax 402-467-9100

Background Data

DO NOT ANSWER ANY QUESTION WHICH THE LAW IN YOUR AREA DOES NOT ALLOW OR ANY INFORMATION WHICH MAY INDICATE RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP, OR VIETNAM-ERA VETERAN STATUS.

Name	_____	
Present Address	_____	How Long? _____
Previous Address	_____	How Long? _____
Phone No.	____ (____) _____	
Social Security No.	_____	
Do you have relatives working for our company?	Yes _____	No _____
Names:	_____	
Us Citizen? Yes _____	No _____	If no, type of Visa _____
Have you ever been convicted of a crime? If yes, please explain and give dates	_____	
Position Desired: 1 st Choice	_____	2 nd Choice _____

EDUCATION

	Name and Location	Dates		Graduate	Degree	Major Subject	Minor Subject	Rank in Grad. Class	Grade Point. Avg.
		From Mo. Yr.	To Mo. Yr.						
High School									
College(s)									
Graduate School									
Technical, Business or Other									

Scholastic Honors, scholarships, assistantships, etc. _____

Met College expenses: Working _____ % GI Bill _____ % Scholarship _____ % Parents _____ % Other _____ %

ACTIVITIES

List High School and College activities in which you were active (e.g. social and honorary societies, class organizations, athletics, etc.)

Also list offices held _____

To what community, social, and professional organizations do you belong (exclude religious, ethnic and political groups). Also list offices held _____

What hobbies or recreational activities do you enjoy? _____

What magazines, journals, etc., do you subscribe to? _____

What books have you read recently? _____

DRIVER INFORMATION

Do you have a driver's license?

State, Number & Expiration Date

List traffic violations in the last 5 years _____

Have you ever been involved in a traffic accident? _____

Give details _____

EMPLOYMENT HISTORY

List in order with LAST employer first. Use additional sheets if necessary.

1. From	To	Job title:	Supervisor's Name & Title	Monthly Earnings	
Mo. Yr.	Mo. Yr.	Company		Beginning	Ending
Telephone		Address	Reason for Leaving		
Description of duties (including significant responsibilities, accomplishments, and contributions)					
2. From	To	Job title:	Supervisor's Name & Title	Monthly Earnings	
Mo. Yr.	Mo. Yr.	Company		Beginning	Ending
Telephone		Address	Reason for Leaving		
Description of duties (including significant responsibilities, accomplishments, and contributions)					
3. From	To	Job title:	Supervisor's Name & Title	Monthly Earnings	
Mo. Yr.	Mo. Yr.	Company		Beginning	Ending
Telephone		Address	Reason for Leaving		
Description of duties (including significant responsibilities, accomplishments, and contributions)					

May we contact previous Employers for reference? _____ May we contact your present employer? _____

Explain here any period of unemployment longer than thirty days: _____

Which of your jobs did you like best? _____ Why? _____

Which of your jobs did you like least? _____ Why? _____

MILITARY RECORD

Branch of Service _____ Date entered _____ Date discharged _____ Rank at Induction _____

Rank at Discharge _____ Major duties _____

Service schools attended: _____

ADDITIONAL INFORMATION

Present state of health: Excellent ___ Good ___ Fair ___ Poor ___

Have you any particular health worries which may affect job performance? _____

Any physical disabilities, defects, or handicaps which may affect job performance? _____

How many times in the last two years have you been unable to work or attend school because of illness? _____

What is the most serious illness you ever had? _____ When? _____

Year and make of car(s) _____ Monthly payments, if any? _____

What earnings would be satisfactory to you to start with? _____ next year _____ after 5 years _____

ANY OTHER COMMENTS YOU WOULD LIKE TO MAKE

AFFIRMATION

I certify that the answers given by me are true and correct to the best of my knowledge and agree that falsification and or omission of material facts in this application may be cause for dismissal or disqualification. I hereby authorize any individual, company, or institution with whom I have been associated to furnish us with any information concerning my employability, which they have on record, or otherwise, and do hereby release the individual, company, or institution and all individuals concerned therewith from all liability whatsoever incurred in furnishing such information. And, if required, I will submit to a physical examination at company expense. Furthermore, in consideration of my employment, I agree to conform to the rules and regulations of our company and understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself.

Signature of applicant:

Date