



Grand Island Clinic, Inc.  
 P.O. Box 550  
 Grand Island, NE 68802

APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Position applied for \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you looking for full-time employment?  Yes  No

Are you willing to work Saturday mornings?  Yes  No

Are you willing to work evenings?  Yes  No

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

Referred by \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please give date(s) and details:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ College \_\_\_\_\_

Trade, Business, or Correspondence \_\_\_\_\_

**FORMER EMPLOYERS** (start with most recent employer)

Date (month & year)	Name and Address of Employer	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

In case of  
emergency notify \_\_\_\_\_

Name

Address

Phone

**REFERENCES** (List below at least two persons, not related to you, that you have known at least one year.)

1. \_\_\_\_\_  
Name Address Phone Years Acquainted

2. \_\_\_\_\_  
Name Address Phone Years Acquainted

I acknowledge that any potential job offer is only for at-will employment which can be terminated at any time, for any reason, or by either party. I also acknowledge that a misrepresentation or omission during the pre-hiring process may be grounds for refusal to hire, revocation of a job offer, or discharge.

***I, hereby give consent to any and all prior employers of mine to provide information with regard to my employment with private employers to Grand Island Clinic, Inc.***

\_\_\_\_\_  
Signature of Applicant