



Mail completed application to:

NMC  
Attn: HR Dept  
11002 Sapp Bros. Dr.  
Omaha, NE 68138

Or fax to: 402-891-7735

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, color, religion, sex, national origin, ancestry, age, disability or any other basis protected by state or federal law.

## Personal Information

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Previous Name(s) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP

Phone Number ( ) \_\_\_\_\_ Alternate or Work Phone ( ) \_\_\_\_\_

Referred By \_\_\_\_\_

Are you 18 years or older? Yes  No  Are you a U.S. citizen or authorized to work in the U.S.? Yes  No

Drivers license # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of any crime, including misdemeanors and felonies? Yes  No  If yes, please state the nature of the offense(s) and the date of the conviction(s).

NOTE: Answering "yes" to the above question does not constitute an automatic bar from employment. Factors such as the date of the conviction, seriousness and nature of the conviction, and position applied for will be considered.

## Employment Desired

Position \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time Date you can start \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying, as you understand them, with or without reasonable accommodation? \_\_\_\_\_

Have you ever been employed by NMC – Nebraska Machinery Comp. before? Yes  No  If yes, when \_\_\_\_\_

Have you filed an application with this company before? Yes  No  When? \_\_\_\_\_ Where? \_\_\_\_\_

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

**Employment History** Please describe your entire employment history starting with your current or most recent job. Include military assignments if applicable and list any periods of unemployment or self-employment. Use additional sheet(s) if necessary.

From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Principle Job Duty: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone Number ( \_\_\_ ) \_\_\_\_\_

Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Principle Job Duty: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone Number ( \_\_\_ ) \_\_\_\_\_

Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Principle Job Duty: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone Number ( \_\_\_ ) \_\_\_\_\_

Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Principle Job Duty: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer Address \_\_\_\_\_ Telephone Number ( \_\_\_ ) \_\_\_\_\_

Position \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Principle Job Duty: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## Education

	Name & Location	Number of years completed	Did you graduate?	Subject(s) studied & Degree(s) received
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please list any additional information you would like us to consider (i.e. specialized skills, certifications, etc.):

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

Have you ever been discharged from a job? \_\_\_\_\_Yes \_\_\_\_\_No

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

\_\_\_\_\_

May we call you to follow up on this application at home or work? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, what is the best time to call and at what number? \_\_\_\_\_

## Authorizations

**Pre-Employment Physical:** I understand that NMC requires applicants to participate in a pre-employment physical examination upon receiving a conditional offer of employment. NMC pays all costs involved with the examination. I understand and acknowledge that any offer of employment may be conditioned upon my successful completion of this examination.

**Drug and Alcohol Testing:** I understand that NMC may require all applicants to undergo pre-employment drug and alcohol testing after receiving a conditional offer of employment. Applicants will receive additional information about drug and alcohol testing and be required to sign an authorization regarding the same upon receiving a conditional offer of employment. I understand and acknowledge that any offer of employment will be conditioned upon my successful completion of the drug and alcohol test.

### EMPLOYMENT AT WILL

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between NMC and me for either employment or the provision of any benefits. I further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and NMC will have a similar right.

## Acknowledgment

I hereby certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I release all parties and persons that may provide information to NMC from any and all liability and from any damages that may result from furnishing information to NMC as well as from the use or disclosure of this information NMC or any of its agents, employees, or representatives I understand that any representation, falsification or material omission of information on this application, in a related employment resumé or in a personal interview may result in my failure to receive an offer or, if I am hired, in the termination of my employment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## AUTHORIZATION AND RELEASE

In consideration of NMC evaluation of my suitability for employment, I authorize the Company to perform all checks of my credentials as allowed by law including, but not limited to, motor vehicle reports, discussions with: supervisors, co-workers, friends, business associates, former employers or other individuals that the Company, in its sole discretion, believes may have relevant information regarding my suitability for employment.

I agree not to assert any claims or causes of action of any kind against the Company, its agents, its employees, or any individual contacted by the Company, arising out of the Company's investigation. I further release and forever discharge the Company, its agents, its employees, and the individuals and companies contacted by the Company as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Company's investigation of my credentials. I acknowledge that the Company has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

\_\_\_\_\_  
Applicant Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Printed)

**Mail completed application to:**

**NMC  
Attn: HR Dept  
11002 Sapp Bros. Dr.  
Omaha, NE 68138**

**Or fax to: 402-891-7735**

## VOLUNTARY APPLICANT IDENTIFICATION RECORD

Your completion of this form is voluntary and you are not required to answer any of the questions below. **IF YOU CHOOSE TO COMPLETE THIS SECTION, REMOVE IT FROM THE APPLICATION AND SUBMIT IT SEPERATELY.**

NMC is required by federal law to maintain certain records regarding its applicants for employment. As such, NMC requests that you answer the following questions. **Your answers will not be used to make any employment decisions.** Further, your answers will be kept confidential and this form will be maintained separately from your application.

Name \_\_\_\_\_

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

Male  Female

Race (Please check one)  Black or African American  American Indian or Alaska Native  
 Caucasian (White)  Hispanic or Latino (white race only)  
 Asian  Hispanic or Latino (all other races)  
 Native Hawaiian or Other Pacific Islander  Other (please specify)

Are you a veteran?  Yes  No

Date \_\_\_\_\_