



Employee Application
Foundation for Lincoln Public Schools
5901 O Street
Lincoln, NE 68510
www.foundationforlps.org

Name _____
First Middle Last Social Security No.

Address _____
Street City State Zip

Contact Info _____
Home Phone Cell Phone E-mail Address

Please state the position you are applying for: _____

If currently employed, state present position _____

When will you be available for employment? _____

State reasons for desiring a change in your current employment. _____

To be an employee of the Foundation for Lincoln Public Schools, you must be a citizen of the United States or have authorization from the Immigration and Naturalization Service to work.

Are you a United States citizen? ____ Yes ____ No

If no, do you have Employment Authorization? ____ Yes ____ No (please attach a copy)

Do you have a form I-94? ____ Yes ____ No (please attach a copy)

VOLUNTEER ACTIVITIES

Activity	Location
_____	_____
_____	_____
_____	_____

CHARACTER REFERENCES (must provide at least three other than relatives)

1.	Name _____	Relationship _____
	Company _____	Phone No. _____
	Mailing Address _____	
	Street	City/State Zip
2.	Name _____	Relationship _____
	Company _____	Phone No. _____
	Mailing Address _____	
	Street	City/State Zip
3.	Name _____	Relationship _____
	Company _____	Phone No. _____
	Mailing Address _____	
	Street	City/State Zip

PERTINENT SKILLS

List skills you've attained that would benefit you in this position: _____

List equipment and software programs that you are proficient with: _____

EDUCATIONAL BACKGROUND

Level	Name of School City and State	Dates Attended	Highest Grade Completed Degree Yes/No	Major Area of Study
High School/GED		Not Applicable		Not Applicable
Business/Technical*				
College or University*				
Other Training*				

*May be required to submit official transcript upon offer of employment.

PLEASE LIST SPECIFIC TITLE OF SUPERVISOR AND PHONE NUMBER. WE WILL CHECK REFERENCES.

EMPLOYMENT RECORD (Please list employers below, most recent first.)

Dates of Employment: From _____ To _____

Employer _____ Supervisor's Name _____

Employer Address _____ Phone Number _____

E-Mail Address _____

Position Held and Responsibilities: _____

Reason for Leaving _____

Dates of Employment: From _____ To _____

Employer _____ Supervisor's Name _____

Employer Address _____ Phone Number _____

E-Mail Address _____

Position Held and Responsibilities: _____

Reason for Leaving _____

Dates of Employment: From _____ To _____

Employer _____ Supervisor's Name _____

Employer Address _____ Phone Number _____

E-Mail Address _____

Position Held and Responsibilities: _____

Reason for Leaving _____

Dates of Employment: From _____ To _____

Employer _____ Supervisor's Name _____

Employer Address _____ Phone Number _____

E-Mail Address _____

Position Held and Responsibilities: _____

Reason for Leaving _____
