



**NEBRASKA ANIMAL MEDICAL CENTER**  
**5720 OLD CHENEY ROAD**  
**LINCOLN NE 68516**  
**402-423-9100**  
**www.namcvet.com**

*The NEBRASKA ANIMAL MEDICAL CENTER is an equal opportunity employer and will not discriminate in any phase of employment*

**~ APPLICATION FOR EMPLOYMENT ~**

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

STREET

CITY/STATE

ZIP

HOW LONG AT THIS ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: (If different from above):

\*\*\*If under 21 please give Parent/guardian address and phone number\*\*\*

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

HOME TELEPHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

ADDITIONAL CONTACT TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: (Optional) \_\_\_\_\_

1. I CERTIFY THAT I AM AT LEAST 18 YEARS OLD ( ) YES ( ) NO

\*IF UNDER 18 YEARS OF AGE PLEASE GIVE DATE OF BIRTH: \_\_\_\_\_

**\*\*Upon hire I will provide official documents certifying my date of birth\*\***

2. I CERTIFY THAT I AM A U.S. CITIZEN ( ) YES ( ) NO

3. I CERTIFY THAT I AM LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES:

( ) YES ( ) NO

Applicant Initials Here: \_\_\_\_\_

4. POSITION APPLYING FOR: \_\_\_\_\_

5. EXPECTED RATE OF PAY: \_\_\_\_\_

6. ARE YOU ABLE TO WORK: ( ) FULL TIME ( ) PART TIME ( ) WILL WORK EITHER

LIST HOURS OF AVAILABILITY:

MON: \_\_\_\_\_

FRI: \_\_\_\_\_

TUES: \_\_\_\_\_

SAT: \_\_\_\_\_

WED: \_\_\_\_\_

SUN: \_\_\_\_\_

THURS: \_\_\_\_\_

7. ARE YOU AVAILABLE TO WORK ON HOLIDAYS IF NEEDED: ( ) YES ( ) NO

8. HOW SOON COULD YOU BEGIN EMPLOYMENT: \_\_\_\_\_

9. DO YOU HAVE RELIABLE TRANSPORTATION? ( ) YES ( ) NO

10. WHAT SKILLS AND/OR SPECIAL TALENTS DO YOU HAVE WHICH WOULD QUALIFY YOU TO WORK WITH US? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU SPEAK LANGUAGES OTHER THAN ENGLISH?

ARE YOU ABLE TO PERFORM AND UNDERSTAND SIGN LANGUAGE?

11. THIS POSITION MAY REQUIRE LIFTING VARIED WEIGHTS, WOULD THIS CAUSE A PROBLEM FOR YOU? ( ) YES ( ) NO \*\*If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

12. DO YOU HAVE ANY ALLERGIES OR HEALTH PROBLEMS THAT MAY INTERFERE WITH YOUR ABILITY TO PERFORM THIS PARTICULAR POSITION? ( ) YES ( ) NO

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

13. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? \*\* ( ) YES ( ) NO

\*\* IF YES, PLEASE EXPLAIN AND LIST DATES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*ALL CONVICTIONS FOR ANY LAW VIOLATION (I.E. DUI, SHOPLIFTING, MINOR IN POSSESSION, RECKLESS DRIVING, ETC.) OTHER THAN A MINOR TRAFFIC VIOLATION (I.E. PARKING TICKET, SPEEDING TICKET) INCLUDING CONVICTIONS THAT HAVE BEEN "SET ASIDE," "PROBATIONED," OR "PARDONED" MUST BE LISTED ON THE APPLICATION FORM OR ON AN ATTACHED SHEET. CONSIDERATION IS GIVEN TO THE OFFENSE AND ITS RELATIONSHIP TO THE POSITION FOR WHICH YOU ARE APPLYING. FAILURE TO LIST CONVICTIONS ON THIS FORM WILL BE CONSIDERED FALSIFICATION OF YOUR APPLICATION AND WILL RESULT IN AUTOMATIC REJECTION OF YOUR APPLICATION. (LMC.2.76.23061)**

13. DATE OF LAST TETANUS VACCINE: \_\_\_\_\_

PLEASE NOTE: **\*\*Written proof of this vaccine is required prior to employment\*\***

**EDUCATION HISTORY**

- 1. HIGH SCHOOL: \_\_\_\_\_
- 2. POST HIGH SCHOOL: \_\_\_\_\_  
\_\_\_\_\_
- 3. SUBJECT OF SPECIAL STUDIES/DEGREES EARNED: \_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE HISTORY**

- 1. IF YOU ARE LEAVING A CURRENT JOB, MAY WE ASK FOR WHAT REASON? \_\_\_\_\_  
\_\_\_\_\_
- 2. NAMES AND ADDRESSES OF FORMER EMPLOYERS (Begin with most recent):

\*BUSINESS NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

PAY AT START \_\_\_\_\_ PAY AT END \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\*\*BUSINESS NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

PAY AT START \_\_\_\_\_ PAY AT END \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

\*\*\*BUSINESS NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

PAY AT START \_\_\_\_\_ PAY AT END \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**WORK REFERENCES**

LIST THOSE PERSONS WILLING TO PROVIDE WORK AND/OR PROFESSIONAL WORK REFERENCES (OTHER THAN RELATIVES):

- 1. \_\_\_\_\_ PHONE: \_\_\_\_\_
- 2. \_\_\_\_\_ PHONE: \_\_\_\_\_
- 3. \_\_\_\_\_ PHONE: \_\_\_\_\_

I GIVE NAMC PERMISSION TO CONTACT THE ABOVE NOTED REFERENCES AND ASK THEM QUESTIONS ABOUT MY JOB PERFORMANCE? APPLICANT INITIALS HERE \_\_\_\_\_

\*\* APPLICANT SIGNATURE GIVES NAMC PERMISSION TO CONTACT ABOVE REFERENCES:  
\_\_\_\_\_

\*\*I UNDERSTAND THAT, UPON HIRE, I WILL FURNISH THE NAME AND ADDRESS OF AN INDIVIDUAL TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY.  
(APPLICANT INITIALS HERE) \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_ OTHER \_\_\_\_\_

**NOTICE: PLEASE READ CAREFULLY AND SIGN BELOW:**

\*\*\* I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR, IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME HERE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

~ Thank you for taking the time to apply to the NEBRASKA ANIMAL MEDICAL CENTER ~

"The Nebraska Animal Medical Center is a Drug Free Workplace"

**NEBRASKA ANIMAL MEDICAL CENTER**  
**SUPPLIMENTAL QUESTIONNAIRE**

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION APPLICATION IS TO BE CONSIDERED FOR: \_\_\_\_\_

1. PLEASE WRITE OUT YOUR GOALS FOR THE POSITION WITH NAMC THAT YOU ARE APPLYING FOR: \_\_\_\_\_

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2. PLEASE WRITE OUT YOUR UNDERSTANDING OF THE PURPOSE OF A VETERINARY PRACTICE: \_\_\_\_\_

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3. IF HIRED, WHAT WILL YOU BRING TO NAMC? (Why should we choose you over other applicants?) .

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