

**Application Form for the part-time Bilingual Program Facilitator for the
Central Nebraska Council on Alcoholism and Addictions, Inc., Grand Island.
CNCAA is an Equal Opportunity Employer.**

Please type or print clearly in black ink. Answer all questions. Sign and date the form. **Submit this form with a typed resume and references by 5:00 pm February 22, 2019.**

Personal Information

First Name _____ Last Name _____ Middle Initial _____

Complete Address _____

Daytime Phone _____ Evening Phone _____

Are you eligible to work in the United States? YES ___ NO___

Have you been convicted of or pleaded no contest to a felony within the last five years?
YES___ NO___ If yes, please explain on the back side of this form.

(Note: No application will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.)

This position would require using your own vehicle for transportation to and from program sites. Mileage is reimbursed for work-related travel only. If hired, would you have transportation to and from work? YES___ NO___

If hired, what date are you available to begin work? _____

Do you have any friends, relatives, or acquaintances currently working for CNCAA?
YES___ NO___ If yes, please list them.....

Education

| Name of School | City and State | Degree or Diploma |
|----------------|----------------|-------------------|
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Additional skills and qualifications, including licenses, training expertise and awards:

Employment History

List employment history, beginning with present or most recent jobs.

| | |
|-------------------------------|--|
| Present/Most Recent Position: | |
| Employer: | |
| Address: | |
| Supervisor: | |
| Employer Phone: | |
| Employment Timeframe: | |
| Main Responsibilities: | |
| Reason for Leaving: | |
| Previous Position: | |
| Employer: | |
| Address: | |
| Supervisor: | |
| Employer Phone: | |
| Employment Timeframe: | |
| Main Responsibilities: | |
| Reason for Leaving: | |
| | |

May we contact your present employer? YES___ NO___

Professional References (Name, Title, Address, Phone)

- 1.
- 2.
- 3.

CNCAA requires that a background check be completed on all employees. I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature of Applicant _____ Date _____