



Lincoln Office

1801 N. First Street

Lincoln, NE 68508

Phone: (402) 475-8832

Fax: (402) 475-8828

Omaha Office

13409 "I" Circle

Omaha, NE 68137

Phone: (402) 898-9948

Fax: (402) 898-9955

The following is the Application for Employment form for Office Innovations, LLC. Please review and answer all questions and requested information carefully, completely, and to the best of your knowledge. You may include a resume with this application, however, if your application form is not filled out in full (i.e. dates of employment, addresses for former employers, pay rates, references, etc.), it will be deemed invalid and will not be considered. All information is carefully reviewed and considered when evaluating applicants to seek the most qualified candidates to fill open positions.

If you are completing the application in one of our offices and need a phone book to look up phone numbers, addresses, etc., please don't hesitate to ask. You may also take the application home for completion; however, it is **NOT** acceptable to have someone else complete your application for you. You may return your completed application to us during normal office hours or return it via mail or fax. Unfortunately, we can not accept emailed copies of your completed application because your signature is required on the last page.

Please understand that completion of this Application for Employment form in no way obligates Office Innovations, LLC to employ you.

This application will be considered active and kept on file for the next thirty (30) days from the day it is received. Once the thirty (30) day active period expires, you will need to complete a new Application for Employment form to be considered for open positions.

Thank you for your interest in employment opportunities with Office Innovations, LLC.

- **Please print in ink.**
- **Answer all questions completely.**
- **If a question doesn't apply to you, write "N/A" in the space provided.**
- **This application will be kept on file for 30 days from the day completed.**

Date _____

PERSONAL DATA

Name _____ SSN# _____ - _____ - _____
First Middle Last

Home Address _____
Street City State Zip

Previous Address (if less than one year at present address) _____
Street City State Zip

Home phone () _____ - _____ Cell Phone () _____ - _____ Work Phone () _____ - _____

Are you 18 or older? Yes No

May we contact you at work? Yes No Not Applicable

If hired, can you furnish proof of your eligibility to work? Yes No Not Applicable

Have you ever received a ticket, been charged with an offense, or been arrested for anything other than a minor traffic violation? Yes No

If yes, where and when? City/State _____ Date _____
(Convictions will not result in automatic disqualification.)

Please explain: _____

POSITION INFORMATION

Position desired _____ Date available _____

Full-time Part-time Wage/Salary expected _____

Days available _____ Hours available _____

How did you learn of this position? _____

Have you previously been employed by Office Innovations, LLC? Yes No

If yes, when and where? _____

MILITARY SERVICE

Were you in the armed forces? Yes No If yes, which branch? _____ Length of service: _____ Rank: _____

Explain any military experience that may be relevant to the position you are applying for (vehicle/aircraft maintenance, etc.):

EMPLOYMENT HISTORY

List your last four employers, starting with the most recent. Please include specific dates of employment when possible. If you don't know the exact dates of employment, include a minimum of month and year. If you're not employed, list your last job first. Fill in all information requested, even if you're attaching a resume.

Are you currently employed? ___Yes ___No

May we contact your present employer? ___Yes ___No ___N/A

Have you ever been terminated or asked to resign from a position? ___Yes ___No

1. Company Name	Street Address	City	State	Zip Code
Telephone Number	Job Title	Employment Dates: From (MM/DD/YY)		To (MM/DD/YY)
Type of Business	Supervisor's Name & Title		Starting Wage	Ending Wage
Duties and Responsibilities				
Reason(s) for Leaving or Wishing to Leave				

2. Company Name	Street Address	City	State	Zip Code
Telephone Number	Job Title	Employment Dates: From (MM/DD/YY)		To (MM/DD/YY)
Type of Business	Supervisor's Name & Title		Starting Wage	Ending Wage
Duties and Responsibilities				
Reason(s) for Leaving or Wishing to Leave				

3. Company Name	Street Address	City	State	Zip Code
Telephone Number	Job Title	Employment Dates: From (MM/DD/YY)		To (MM/DD/YY)
Type of Business	Supervisor's Name & Title		Starting Wage	Ending Wage
Duties and Responsibilities				
Reason(s) for Leaving or Wishing to Leave				

4. Company Name	Street Address	City	State	Zip Code
Telephone Number	Job Title	Employment Dates: From (MM/DD/YY)		To (MM/DD/YY)
Type of Business	Supervisor's Name & Title		Starting Wage	Ending Wage
Duties and Responsibilities				
Reason(s) for Leaving or Wishing to Leave				

EDUCATION

Name, City, and State of school (s)	Did you graduate?	If not, list years or hours completed	Major or field of study	Type of degree
High School	Yes ___ No ___			
College	Yes ___ No ___			
Trade/other	Yes ___ No ___			

DRIVING EXPERIENCE AND QUALIFICATIONS

Have you ever been denied a driver’s license, permit or privilege to operate a motor vehicle? ___Yes ___No

Has your driver’s license, permit or privilege ever been suspended or revoked? ___Yes ___No

If the answer to either question is yes, please explain: _____

Drivers Licenses (List all your current driver’s licenses.)

State _____ License # _____ Type _____ Exp. Date _____

State _____ License # _____ Type _____ Exp. Date _____

Traffic convictions and forfeitures in the last three (3) years (other than a parking violation.)

Date _____ Location _____ Charge _____ Penalty _____

Date _____ Location _____ Charge _____ Penalty _____

Date _____ Location _____ Charge _____ Penalty _____

Accident record for the last three years

Date _____ Location _____ Fatalities? ___Yes ___No Injuries? ___Yes ___No

Date _____ Location _____ Fatalities? ___Yes ___No Injuries? ___Yes ___No

Date _____ Location _____ Fatalities? ___Yes ___No Injuries? ___Yes ___No

Please list all states where you have had a driver’s license in the last five years.

List any trucking, transportation or similar experience that might help you in your work at Office Innovations, LLC.

SUMMARY

Office Innovations, LLC makes every reasonable effort to accommodate individual preferences when possible; however, business needs and customer demands at times make the following conditions mandatory: overtime, shift work, a rotating schedule or a work schedule other than Monday through Friday. I understand these conditions and, if employed, I agree to accept them as conditions of my continuing employment.

I hereby agree and understand that, as a condition of employment or continued employment, I may be required by the company to submit to a physical examination, drug testing or other tests, a search or examination of myself or personal property while on the company's premises or while conducting business elsewhere, if such is not prohibited by applicable law.

If employed, I agree to abide by the directives, rules and regulations of Office Innovations, LLC both present and future. I understand that the employment is for no definite period of time and may be terminated by me or by Office Innovations, LLC with or without cause or notice at any time. I understand and agree that neither this form, nor any other written policy or procedure of the company shall constitute a contract of employment. In addition, I understand that no representative of the company has the authority to enter into any employment agreement contrary to the foregoing, and further, I understand that I should not rely on any oral statements to the contrary.

I certify that my application for employment is true and complete, and I understand that, if employed, false or omitted statements on this application or any other company documents will subject me to immediate dismissal. I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, and personal habits may be obtained prior to any offer of employment. Upon timely written request to Office Innovations, LLC's Human Resources Manager, the name and address of the reporting agency will be disclosed to me. It is understood that completion of this application doesn't mean a job opening exists and in no way obligates Office Innovations, LLC to employ me.

I further authorize all contacted persons and current or former employers to provide information concerning this application, my previous employment, my background and suitability for employment, and I release such persons and former employers from liability for providing such information. I also release Office Innovations, LLC from all liability for any damage that may result from utilization of such information.

Signature of Applicant _____ Date _____

Name of Applicant _____

Please Print

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EEOC Pre-Employment Information Form

Please complete this information to assist us in complying with Equal Employment Opportunity record keeping and reporting requirements. Providing this information is voluntary. Refusal to provide this information will not result in any adverse treatment. This pre-employment information form will be kept in a separate, confidential file and will be used for required government reporting purposes only.

Qualified applicants are considered for employment, and associates are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, disability, or covered veteran status.

(Please Print)

Date: _____

Name: _____

Position Applying For: _____

RACE/ETHNIC GROUP:

American Indian _____

Asian _____

Black _____

Hispanic _____

White _____

Other _____ (Please provide race/ethnic group)

REFERRAL SOURCE:

Newspaper _____

Employment Agency _____

Walk-In _____

Internet _____

Other _____

SEX: Male _____ Female _____

VIETNAM ERA VETERAN: Yes _____ No _____

Applicant's Signature: _____

NOTE: DO NOT COMPLETE BELOW THIS LINE UNLESS JOB OFFER HAS BEEN MADE

Are you mentally or physically disabled? Yes _____ No _____

Are you a disabled veteran? Yes _____ No _____