



# Ho-Chunk

## Community Development Corporation

509 Ho Chunk Plaza North, Winnebago, NE 68071 (402) 878-2192

### Application for Employment

Position applied for: \_\_\_\_\_ Date Available: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Street Address City State Zip Code  
(\_\_\_\_)

\_\_\_\_\_  
Telephone Fax E-mail

Are you applying for:  Full-time  Part-time  Temporary

Hours available:  
Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Work Experience (Please list most recent first)

1) Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Beginning pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

2) Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Beginning pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

3) Position: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Beginning pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

List other relevant work experience:

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List secondary and post-secondary including course of study, and degree or diploma received.  
(highest level achieved first)

Name of institution	Date(s) Attended	Degree received
Name of institution	Date(s) Attended	Degree received
Name of institution	Date(s) Attended	Degree received
Name of institution	Date(s) Attended	Degree received

List other relevant training (most recent first)

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#### Other Activities

List volunteer work, leadership positions, or other activities that you feel may be relevant to this application

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#### Personal references

Name	Telephone	Occupation
Name	Telephone	Occupation
Name	Telephone	Occupation

Is there anything else you would like to tell us about yourself?

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I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications.

Signature

SSN

Date