Hampton Enterprises, Inc.

Application for Employment

How to contact us:
Human Resources
Hampton Enterprises, Inc.
3400 Plantation Drive, Ste. 110
Lincoln, NE 68516
(402) 489-8858

If you require an accommodation for a disability so that you may complete this Application or participate in any phase of the selection process, you are encouraged to contact our Human Resources Department.

INSTRUCTIONS:

Print legibly in INK only
 A resume is optional and will not substitute for the completed application.
 Answer all questions. If you need additional space, please attach a supplemental sheet.
 Carefully read acknowledgment and release on back, then sign and date where indicated.

Date___

	Nama	Contact Phone #:	()			
PERSONAL DATA	Name		_(<i>)</i> Please select: cell	home	work	
	Present					
	AddressStreet Address	City	State	Zip Coo	<u></u>	
	Previous	City	State	Zip Coo	ue	
ő	Address					
IRS	Street Address	City	State	Zip Co	de	
F	E-Mail Address	Are you 18 ve	ars or older? Yes	No□		
		_ / " 0 / 0 4 1 0 / 0	are or older. Tee			
	Title / Type of position applying for	How did vo	ou hear of us?			
			Walk-in, Advertis	sement, Refe	erral (Name)	
CE	Interested in Full time Part time Wage / Salary De	sired				
Ë	Use this space to describe why you feel qualified for the position for whi	ch vou are applying				
Ë	occume opace to accomb mily you look quantities and position for)pp.)g				
REF						
WORK PREFERENCE	If applying for a specific position, do you have the ability to perform all o	f the position's esse	ntial functions listed i	n the positio	on	
J.R.		•		-		
Š	description, with or without reasonable accommodation? Yes \(\) No \(\)	If no, explain:				
	Date available for work					
	Date available for work					
Z						
z₽	Have you been employed by Hampton Enterprises, Inc.?	Yes No L	If yes, when			
P.T.	Have you ever previously applied to Hampton Enterprises, Inc.?	Yes□ No □	If yes, when			
HAMPTON INFORMATION						
포벌	Do you have relatives employed by Hampton Enterprises, Inc.?	Yes∐ No ∐	If yes, name			
_						
	Should you be employed by Hampton Enterprises, Inc., would you enga	ge in any other emn	lovment or business	? Yes□	No□	
			•	: 103	140 🗀	
	If yes, where and in what capacity?					
	If hired, can you provide proof that you are legally authorized to work in the United States? Yes \(\square{1} \) No \(\square{1} \)					
œ	in tilled, can you provide proof that you are legally authorized to work in the Officed States? Tes NO					
HER	A criminal history record information check is required by policy and would be conducted post-offer when applicable.					
ОТ	(Note: A conviction will not necessarily disqualify an applicant from employment.)					
	Do you have a valid driver's license? Yes \(\square\) No \(\square\)					
	Have you ever been discharged or asked to resign by a previous employer? (Note: A prior termination or involuntary resignation will					
	not necessarily disqualify an applicant from employment.) Yes No I If Yes, please explain					
	If relevant, please describe your computer skills, software knowledge, a	nd office equipment	experience:			
10						
L						
SKI						
AL:						
SPECIAL SKILLS	If relevant, please describe experience using machines and equipment:					
SPE						

Ļ	1	ļ
֡	2	
	1	
ĺ	ו	
	ı	Ì
()
	2	
3	,	2
	ĭ	ב
	2	י
ł		
	2	
(2	
•	2	-
L	1	ĺ

Company Name					Telepho	one		
AddressStreet A	Address				City		State	Zip Code
Starting Position Title				Ending Position	-			·
Supervisor's Name								
Supervisor's Name				Beginning		Ending		Full time
Employed from Month	Year	Month	Year	_ Salary \$		Salary \$		☐ Part tim
Brief Position Description:								
If you were employed under a								
Company Name					Telepho	one		
) e		
AddressStreet A	Address				City		State	Zip Code
Starting Position Title				Ending Position	Title			
Supervisor's Name				Supervisor's Title_				
Employed from	to			Beginning Salary \$		Ending Salary \$		☐ Full tim
Month	Year	Month	Year					☐ Part tim
							for leaving	
If you were employed under a	different na	me, give th	at name	in full		Reason		
Brief Position Description: If you were employed under a company Name Address	different na	me, give th	at name	in full	Telepho	Reason		
If you were employed under a company NameAddressStreet A	different na	me, give the	at name	in full	Telepho	Reason	State	Zip Code
If you were employed under a company Name AddressStreet A Starting Position Title	different na	me, give the	at name	in full	Telepho City Title	Reason	State	Zip Code
If you were employed under a company Name	different na	me, give the	at name	in full	Telepho City Title	Reason	State	Zip Code
If you were employed under a company Name	different na	me, give the	at name	in full	Telepho City Title	Reason	State	Zip Code
If you were employed under a company Name	Address to	me, give the	at name	in full Ending Position Supervisor's Title_ Beginning Salary \$	Telepho City Title	Reason one Ending Salary \$	State	Zip Code — Full time
If you were employed under a company Name	Address to	me, give the	at name	in full Ending Position Supervisor's Title_ Beginning Salary \$	Telepho	Reason	State	Zip Code Zip Code Full time
If you were employed under a company Name AddressStreet A Starting Position Title Supervisor's Name Employed from Month Brief Position Description:	Address To Year	me, give the	Year at name	in full Ending Position Supervisor's Title_ Beginning Salary \$ in full	Telepho	Ending Salary \$	State State	Zip Code
If you were employed under a company Name	Address To Year	Month me, give that	Year at name	in full Ending Position Supervisor's Title_ Beginning Salary \$ in full	Telepho	Ending Salary \$ Reason	State for leaving	Zip Code Zip Code Full tim
If you were employed under a company Name	Address to Year different na	Month me, give that	Year at name	in full Ending Position Supervisor's Title_ Beginning Salary \$ in full	Telepho	Ending Salary \$	State for leaving	Zip Code Zip Code Full tim
If you were employed under a company Name	Address different na	Month me, give the	Year at name	in full Ending Position Supervisor's Title_ Beginning Salary \$ in full	City Title Telepho City Title Telepho City Title	Ending Salary \$	State for leaving	Zip Code Full tim Part tim Zip Code
If you were employed under a company Name	Address different na	Month me, give the	Year at name	in full Ending Position Supervisor's Title_ Beginning Salary \$ in full Ending Position Supervisor's Title	City Title Telepho	Ending Salary \$ Reason	State for leaving	Zip Code Full tim Part tim Zip Code
If you were employed under a secondary Name	Address different na different na Address to	Month me, give the	at name Year at name	in full Ending Position Supervisor's Title_ Beginning Salary \$ in full	City Title Telepho	Ending Salary \$ Reason	State for leaving	Zip Code Full tim Part tim Zip Code Full tim
If you were employed under a second company Name	Address different na different na Address to	Month me, give the	Year at name	in full Ending Position Supervisor's Title_ Beginning Salary \$ in full Ending Position Supervisor's Title	City Title Telepho	Ending Salary \$ Reason	State for leaving	Zip Code Full tim Part tim Zip Code

	School Name/Address		Years Attended	Graduatior Date	n Diploma/ Degree	Major Subject	Grade Po
	High School:		7 1110711204				7.7.5.4.9
	Address:						
EDUCATION	Business/Trade School:						
	Address:						
	College/University:						
	Address:						
	College/University:						
	Address:						
	Name	Teleph	one / Email	R	elationship / Professio	n Length of	acquaintand
ုပ္သ	1	/		1		1	
NCE	2						
PERSONAL REFERENCES	3						
REF							
	4	<u> </u>					
	If you ha	PLEASE Rave any queste Human Resolution to provide lerstand that the	EAD BEFO ions regard source Depart de employment, application will be	DRE SIGNI ing this state rtment befo	MG! ement, please are signing. I herein shall alter the at- or sixty (60) days and I mi	will status of em ust file a new ap	pplication
	additional disclosure and release forms as schools and/or references may furnish Har background, history and any other informati from any liability for releasing and providing	necessary to pe mpton Enterprise on relevant to thi	rmit such an in s, Inc. with any s Application, a	vestigation. Fui and all informa	rther, I understand and a ation regarding my servic	agree that all en ce, education, c	nployers, haracter,
	If I am hired, I agree to conform to all rule to time, and understand and agree that compensation may be terminated at any Hampton Enterprises, Inc. I further under into any oral agreements relating to emp written agreement for employment for a second	t all employmer t time, with or werstand and agre bloyment, and th	nt at Hampton vithout cause, se that no mana at only the app	Enterprises, land with or winger or represe blicable Division	nc. is "at-will" and tha thout notice, at the opt ntative of Hampton Ent n President has the aut	it my employm tion of either m terprises, Inc. c thority to enter	ent and syself or an enter into any
	I hereby certify that all of the statements managements of falsification, misrepresentation or omission of sufficient cause for elimination of considerate	of any fact in this a	application or ar	y other represe	ntation I make to Hamptoi	n Enterprises, In	
	I agree that I have read and understand all acknowledgements and agreements are cor						

Signature of Applicant

Date