

Inspector Application
NEBRASKA CROP IMPROVEMENT ASSOCIATION
267 Plant Science Hall, P.O. Box 830911, Lincoln, NE 68583-0911 • (402) 472-1444

Personal Information

Date

Name

Address City State Zip

Phone Number

Are you 18 years or older?

YES NO

Education

Name and Location of School

Graduated

High School

YES NO

College

YES NO

Are you Employed now? YES NO

Employment History		Name & Address of Employer	Years of service
From	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>
From	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>
From	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>

References (Give the names of three people not related to you whom you have known at least one year.)

Name	Address & Phone Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES NO

I certify that the facts contained in this application are true and complete to the best of my knowledge; and I understand that, if contracted, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous work history and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if contracted, my work period is for no definite time and may, regardless of the date of payment of my wages, be terminated at any time without any prior notice.

Signed
type name _____