

NEBRASKA HEALTH CARE LEARNING CENTER
3900 Northwest 12th Street, Suite 100
Lincoln, NE 68521

Job Posting

Date to Start Post: _____ Date to Stop Post: _____

Position Title: _____ Part-time Position Full-time Position

Job Description: _____

Qualifications: _____

Hours: _____

Number of Openings: _____ Salary Range: _____

Employer: _____

Contact Person: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

To Apply: Call for Appointment Apply in Person Send Resume

Note: Job Postings need to be 125 words or less and are subject to approval by NHC-LC. All Postings will be active for a maximum of 30 days. Please inform NHC-LC when a position is filled.

Billing Information: Check Enclosed Cash
 Credit Card Bill

Cardholder's Name (PRINT): _____
Credit Card #: _____
Expiration Date: _____
Cardholder's Billing Address, City, State, Zip: _____
Signature: _____
Your signature on the line above will authorize this transaction. ↑

Submit completed forms by Mail or Fax to:
Bill Bivin
Nebraska Health Care Learning Center
3900 NW 12th, Suite 100
Lincoln NE 68521
(402) 435-3551
Fax: (402) 475-6289
billb@nehca.org