

Application For Employment

Facility _____

Notice to Applicants

This facility does not discriminate on the basis of age, gender, race, religion, national origin, or disability other than those related to the ability to perform the job for which the applicant is being considered. After a conditional job offer is extended, Nebraska law requires the facility to perform a criminal background check and registry checks on all direct care staff. It is the policy of this facility to not hire direct care staff with criminal histories involving violence, abuse, neglect, or misuse of others' property. State law also requires every staff person to complete a health history screen. This facility may require a physical examination by a health care professional and/or a pre-employment drug screen at the facility's expense. The facility's hiring decision may be based on the results of the screen. This application is current for ninety (90) days. If the applicant does not hear from this facility in ninety (90) days and still desires to be considered for employment, it will be necessary to complete a new application. Dishonesty in completing this form is reason for immediate dismissal.

Demographics:

Name _____ Previous Last Name(s) _____
Last First Middle

Address _____
Street City State Zip

Electronic _____
Phone Fax e-mail

Position applied for _____

Hours: Day Evening Night
 Full time Part time Temporary

Desired Wage _____ Hourly Salary

Employment History:

Have you previously worked for this facility? Yes No Dates _____

Have you served in the military? Yes No

How did you hear about this position? _____

Referral source (i.e. newspaper, resident, employee's name): _____

Are you over 18 years of age? Yes No Employment may be subject to child labor laws.

Are you legally eligible to work in the U.S. Yes No

Have you ever been convicted of a crime? Yes No If yes, list convictions and dates:

Who was your last employer? _____

Reason for leaving: _____



Other Former Employers:

Name/Address	Contact Person/Phone	Dates	Reason For Leaving	Salary

Education:

Highest grade completed: _____ Degree/diploma: _____

Other training: _____

Licenses/certification held: _____

Other professional organizations, honors, and community involvement you feel contributes to your job qualifications: _____

Personal References:

Name	Address	Phone	Relationship

Employment Agreement:

I give this facility permission to contact previous employers and personal references and release from all liability all individuals or companies providing such information. I understand my employment and/or continued employment may be dependent upon the results of background checks, physical examination, and drug test. I understand my employment may be terminated for any dishonesty in completing this form.

_____ Applicant Signature

_____ Date

