

Employment Application

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#
_____ City State Zip

Phone: _____ Email: _____

Date Available: _____ SSN: _____ Desired Salary: \$ _____

Date of Birth: _____ Driver's License Number: _____

Position(s) Applied for: _____

(Circle one)

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for the company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If Other than Honorable, explain: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my release from employment.

Signature: _____ Date: _____

EMPLOYEE AVAILABILITY / CHANGE OF AVAILABILITY REQUEST FORM

EMPLOYEE: Show the times and days you are available for break. Whenever your schedule changes, request this form, complete it, and return it to your manager or supervisor. Any changes must be presented to a manager or supervisor at least 10 days in advance.

Employee Name: _____ Position: _____

I am available to work the following days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

If there are changes to the original availability, make changes below. (A manager must approve changes.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Manager initials _____

Notes/Explanations (e.g. School Mon-Fri 7:00am-3:00pm)

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Background Check

Full Name (First, Middle, Last):

Maiden Name/Aliases:

Suffix (Jr., Sr., etc.):

Social Security #:

Date of Birth:

Gender:

Race:

State of Residence:

State of Birth:

Nebraska Driver License #:

Email address:

Check:

State Patrol for Criminal Background Checks

<https://statepatrol.nebraska.gov/services/criminal-history-record-requests>

*Adult Protective Services Central Registry

<http://dhhs.ne.gov/Pages/Abuse-and-Neglect-Central-Registry.aspx>

Central Register of Child Protection Cases

<http://dhhs.ne.gov/Pages/Abuse-and-Neglect-Central-Registry.aspx>

Nebraska State Patrol Sex Offender Registry

<https://sor.nebraska.gov/>

Nurse Aide Registry Checks

<https://www.nebraska.gov/LISSearch/search.cgi>

Medication Aide Licensure Checks

<https://www.nebraska.gov/LISSearch/search.cgi>

As a condition of employment, each direct care staff will have a background check conducted using the above resources, to be completed prior to working with residents.

Hope-Wymore will not employ, nor retain employment of, anyone with adverse findings on the Nurse Aide Registry regarding resident abuse, neglect, or misappropriation of resident property.

Any other adverse findings will be evaluated on a case-by-case basis, with consideration given to ensuring the safety of the residents and their property. All such decisions will be documented.

***Applicant will be subjected to a \$5.00 fee for this specific check.**