



Kingswood Court Assisted Living Facility and

Caring Friends In-Home Care

1005 Idaho St, Superior, NE 68978

Telephone: 402.207.1050 Fax:402.207.1052

Application for Employment

Applying for employment (please circle): Kingswood Court Caring Friends

A criminal background check will be completed on all employees with the following agencies; State Patrol, Heath & Human Services Adult and Child Abuse/Neglect Registry. Federal and State laws prohibit discrimination in employment based of off sex, age, race, color, religion, marital status, national origin, ancestry, disability, handicap or any other legally protected status. These institutions are an equal opportunity provider and employer.

Personal Information

Name: _____
Last Maiden Name First Middle Initial

Address: _____
Street City State Zip Code

Phone: () _____ Social Security #: _____

If you are under 18 years of age, do you have work permit (please circle): Yes No

If not a U.S. Citizen, do you have the legal right to remain permanently and work in the U.S. (please circle):
Yes No Alien Registration #: _____

Are you able to perform the duties and responsibilities of the job for which you are applying for, job description available upon request (please circle): Yes No

Have you been convicted of a felony within the last seven years? Conviction will not necessarily disqualify an applicant from employment (please circle): Yes No

If yes, please explain:

Employment Desired

Position Applying For: _____

Shift you are interested in working (please circle): Day Evening Night

Date you are able to start: _____ Full-Time or Part-Time

Have you ever applied and/or worked for Kingswood Court or Caring Friends before (please circle): Yes No

If yes; **When:** _____ **Supervisors Name:** _____

Reason for Leaving: _____

Were you referred to this job (please circle): Yes No If yes, by whom? _____

C.R.O.W.N Values is the heart, discipline, and standard of quality service and care, Kingswood Court and our valued employees strive and are committed to provide, as a positive, professional and cohesive team, to one another, for the residents who call Kingswood Court “Home.”

Kingswood Court and Caring Friends obligation and goal is to provide family centered, compassionate care, shelter, and services, enhancing life longevity through quality care.

Our motto is: *Above and beyond, it's what we do.*

Do you feel you can partner with the facility, and invest CARE, RESPECT, OWNERSHIP, WELLNESS, and NURTURE of this title/position to enhance the quality of work and life for our residents and other staff members (please circle)? Yes No

Educational Background

Starting with your most recent school attended, provide the following information

| School (including city & state) | Years Completed | Completed (please circle) |
|---------------------------------|-----------------|---|
| | | Diploma GED Degree: _____ Certification: _____ Other: _____ |
| | | Diploma GED Degree: _____ Certification: _____ Other: _____ |

| | | |
|--|--|---|
| | | Diploma GED Degree: _____ Certification: _____ Other: _____ |
|--|--|---|

References

Please give the names of three business/work references **NOT RELATED TO YOU**

| Name | Title | Relationship to You | Telephone | E-mail | # of Years Known |
|------|-------|---------------------|-----------|--------|------------------|
| | | | () | | |
| | | | () | | |
| | | | () | | |

Employment History

List below your work experience, starting with your present or last place of employment

| Date Employed | Name, Address, Telephone # | Name of Supervisor | Position & Salary | Reason for Leaving |
|--------------------------|----------------------------|--------------------|-------------------|--------------------|
| From: _____ To: _____ | _____ | _____ | _____ | _____ |
| From: _____ To: _____ | _____ | _____ | _____ | _____ |
| From: _____ To: _____ | _____ | _____ | _____ | _____ |

May we contact your current employer at this time (please circle): Yes No

Applicants Statement

The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts on this application will be cause for denial of employment or cause for immediate dismissal, if I am hired. I authorize that company to contact any or all of my references for full information. If a conditional offer of employment is made, I agree to take a physical examination, which includes; drug and agility testing for beginning employment and at any time at the request of Kingswood Court or Caring Friends. Such physical examination will be at no personal expense to me, and I agree that the examining physician may disclose the findings to authorized agent of the company. The physical exam will include an examination of my physical ability to properly perform the duties of the job, for which I am applying, and may include a demonstration of how I might perform some of the job

functions. The first three months of employment, will be considered an introductory period, during which I will not be eligible for fringe benefits. After three months of continuous employment, I may be considered an “at will” (which means that an employee may resign at any time, and the employer may discharge an employee at any time with/without cause.) employee, eligible for benefits.

Applicants Signature

Date

This application for employment shall be considered active for a period of 90 days from the date this application is received.