

Application for Employment

Short Form

Instructions: It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, disability, veteran status, age, or any other protected characteristic.

Name _____
LAST FIRST MIDDLE

Address _____
STREET

Phone (____) _____
CITY STATE ZIP CODE

Social Security # _____

Position applied for _____

Shift preferred 1 2 3 Any

Special training or skills (languages, machine operation, etc.) that would benefit you in the job for which you are applying:

Would you accept full-time work? Yes No

Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here? Yes No

If yes, dates: _____

Are you legally eligible for employment in the United States?
(If yes, proof is required if hired.) Yes No

If you are under 18 years old, can you provide a work permit if required?
 Yes No

FOR OFFICE USE ONLY:

Applicant number _____

Employee number _____

Position _____

Hire date ____/____/____ Rate _____

Class _____ Skill _____

Other _____

Notes _____

Attachments:

- Resumé
- Applicant reference check
- Applicant interview
- Payroll change notice
- Employee data card

Educational Background

High School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Employment Experience

Place an **X** by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

Employer _____ Contact Name _____
Address _____ Phone (_____)
Job Title _____
Dates employed: from (mm/yy) ___/___/___ to (mm/yy) ___/___/___ Hourly rate/salary: starting ___/___/___ final ___/___/___
Reason for leaving _____

Employer _____ Contact Name _____
Address _____ Phone (_____)
Job Title _____
Dates employed: from (mm/yy) ___/___/___ to (mm/yy) ___/___/___ Hourly rate/salary: starting ___/___/___ final ___/___/___
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Employer _____ Contact Name _____
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Employer _____ Contact Name _____
Address _____ Phone (_____)
Job Title _____
Dates employed: from (mm/yy) ___/___/___ to (mm/yy) ___/___/___ Hourly rate/salary: starting ___/___/___ final ___/___/___
Reason for leaving _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

Applicant's signature _____ Date ___/___/___



AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: _____

Please do not use abbreviations

Address and Phone Number: _____

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____

(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

(to be inserted into and considered part of, Belle Terrace's Employment Application)

TO WHOM IT MAY CONCERN: I hereby authorize and request any present or former employer, school, law enforcement authority, financial institution or other persons/agencies having knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with an application for employment. I am willing that a photocopy or fax of this authorization be accepted with the same authority as the original.

(Signature) (Print Full Name) (Date)

(Social Security Number) (Driver's License/ID Card Number) (If name changed, former name(s))

Current Address: _____ Dates Lived Here: _____
Prior Addresses For the Past 5 Years: _____

NOTIFICATION OF OBRA ABUSE CHECK

(To be inserted into, and considered part of Belle Terrace's Employment Application)

According to the Omnibus Budget Reconciliation Act of 1987, long-term care facilities are prohibited from employing anyone convicted of abusing, neglecting, or mistreating residents, or who has had a finding entered into the Bureau concerning abuse, neglect, mistreatment of resident or their monies.

Have you ever been convicted of a crime of abuse, neglect, or misappropriation of an individuals property, or of the financial exploitation of an individual? YES _____ NO _____
Have you ever had a finding by a court, by a disciplinary level or professional licensing or certification agency of abuse, neglect, mistreatment of residents, or misappropriation of their property? YES _____ NO _____
Have you had any other criminal convictions? YES _____ NO _____

I, _____ certify that I have _____ / have not _____ been convicted of either a felony or misdemeanor crime.

(Signature) (Print Full Name) (Date)