## **APPLICATION FOR EMPLOYMENT**

(Please Print Clearly)

CONFIDENTIAL

PERSONAL	INFORMATION		Date Appli			Date Available:	==
Name:	Last		First		Middle		
			1 1130				
Present Address	Si	treet	City	State	Zip Code	hone Number:	
Permanent Add (if different than					_		
Present Address	s):	treet	City	State	Zip Code	hone Number:	
If you cannot be	e reached at above pho	one number: I	Name of Person:		100	Phone:	
EMPLOYMI	ENT DESIRED	75 42		Will you accept	employment of: O	Full Time? O Part	Time? O Temporary?
	Work Desired	Shift	Salary	Are you 18 years	s of age or older?	Yes O No	
First Choice				Are you employe	ed now? O Yes	) No	
Second Choice	PP PP			May we contact	your present employ	/er? O Yes O No	
Third Choice				How did you lea	rn of this opening?		
				-			
EDUCATION							
EDUCATIO			9 0 10 0 11 (	O 12 O 13 O	014 015 016		
Scholastic Hono	ors Received:					_	
	Name of School	ol	Location (City, State)	Co	urses Taken	Completed	Type of Degree or Certificate Received
High School						O No O Yes	
College	N N					O No O Yes;	
Vocational or Business						O No O Yes;	
Professional Education						O No O Yes;	
Laboratory or X-Ray Training						O No O Yes	
Extracurricular						Date	
Activities while	in School:						
Member of Professional Or	ganizations:						
Honors received	d, volunteer or commu	unity service or o	other qualifications yo	u have which you	u feel are related to t	the position for whic	h you are applying:
-				_			<del></del>
Were you in the	U.S. Armed Forces?	O Yes O No	If yes, what branch?		- 3		
Dates of Duty:	From Month / Day	To _	Month / Day / Year	Rank	at Discharge:		
PROFESSIO	ONAL LICENSES	1 -7 -12 -7					Verified
Туре	Organization or St				Date Issued	Number	
Туре	Organization or St	tate Issued			Date Issued	Number	
Туре	Organization or St	tate Issued			Date Issued	Number	

* Present and Former Employers	Dates Employed	Position & Duties
Name	From	
Address		
City/State/Zip	То	
Supervisor Phone		
	From	
lame		+ y
Address	To	
Dity/State/Zip		
Supervisor Phone		
Name	From	· · · · · · · · · · · · · · · · · · ·
Address		
City/State/Zip	То	
SupervisorPhone		
Name	From	§
Address		
City/State/Zip	То	
SupervisorPhone		
	From	-
lame		
Address	To	
Dity/State/Zip		
Supervisor Phone	From	
Name		
Address		
City/State/Zip	To	
Supervisor Phone		
If your former employment references, education or military saname other than indicated on front of application, please in Use this space to give us further information which will assis known at least one year, including the phone number for each	ndicate it here.  Last t us in placing you, including at least two	First Middle Initial personal references not related to you, whom you ha
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		ocial Security &
	Sex: O Male O Fer	OCOO Security &
ate of Birth:	Sex: O Male O Fer	ocial Security & male (Nationality:
ate of Birth:	Sex: O Male O Fer	OCOU Siccurity & male (Nationality)
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ate of Birth:	Sex: O Male O Fer	male (Nationality:

### **EMPLOYMENT UNDERSTANDING (PLEASE READ AND SIGN)**

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Date

Applicant's Signature

Pleas	se Indicate Days and Hour Available For Work (Be Spe	s You Are	AVAILABILITY RECORD				
DAY	FROM	то	Primary position desired:				
Sunday	A.M.	A.M.	Will you accept another position? O Yes O No				
	P.M.	P.M.	If so, what?				
Monday	A.M.	A.M.	Weekends? O Yes O No				
	P.M.	P.M.	Are you available to work: Holidays? O Yes O No Rotating Shifts? O Yes O No				
Tuesday	A.M.	A.M.	On Call? O Yes O No				
	P.M.	P.M.	9				
Wednesday	A.M.	A.M.	Card" indicating the changes, Such changes will be effective then for an				
	P.M.	P.M.					
Thursday	A.M.	A.M.					
	P.M.	Р.М.	I understand that emergency conditions may require me to temporarily wor shifts other than the one for which I am applying and agree to suc scheduling change as directed by my department head or the Administrator				
Friday	A.M.	A.M.	of this institution.				
	P.M.	P.M.					
Saturday	A.M.	A.M.	Applicant's Signature Date				
	P.M.	Р.М.					

#### MANEL ILLD LICHLIN CAKE CENTER

# NOTIFICATION AND AUTHORIZATION TO RELEASE CRIMINAL INFORMATION FOR EMPLOYMENT PURPOSES

### **Notification**

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

### **Authorization**

I hereby authorize Wakefield Health Care Center to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist Wakefield Health Care Center in collecting this information. Information will be ran directly through the Nebraska State Patrol.

I also am aware that records or arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for Wakefield Health Care Center residents, staff, and family members.

Position's applied for:			
Please print (for identification purposes):			
Full Legal Name:			
First	Middle	Last	
Other Names you have used in Past Seven Years:			
Current Address:			
Previous Address (most recent):			
Addresses in the 7 years prior to completing this author			
Social Security Number:			
Driver's License Number:			
Signature	Date		