

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Confidential

Personal Information	Date of Application _____	Date Available _____
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Name _____
Last
First
Middle

Present Address _____ Phone Number _____
Street
City
State
Zip Code

Permanent Address (if Different than Present Address) _____ Phone Number _____
Street
City
State
Zip Code

If you cannot be reached at above phone number, please give alternate number. Phone Number _____

Employment Desired		
Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of: Full Time? Part Time? Temporary?

Are You 18 Yrs. of Age or Older? Yes No

Are You Employed Now? Yes No

May We Contact Your Present Employer? Yes No

How Did You Learn Of This Opening? _____

Education	Circle Highest Grade Completed	9	10	11	12	Scholastic Honors Received _____

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Received
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; _____ Date	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying: _____

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: From _____ To _____ Rank at Discharge _____
Month Day Year
Month Day Year

Professional Licenses and/or Certifications				Verif.
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	
Type	Organization or State Issued	Date Issued	Number	

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	
Name _____ Address _____	From	Starting	
City/State/Zip _____ Supervisor _____ Phone _____	To	Ending	

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate it here. _____
Last
First
Middle Initial

Have you ever been convicted of a crime? Yes No If Yes, for what, when and where? _____

(Conviction of a criminal offense will not necessarily preclude your employment.)

Use this space to give us further information which will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.

Do Not Answer Questions In This Area - To Be Completed After Employed

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____ Number and Ages of Children _____
 Notify In Case of Emergency:

Name _____ Relationship _____

Street _____ City _____ State _____ Zip Code _____ Telephone _____

What Language(s) (Other than English) Do You Speak? _____

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.

Applicant's Signature _____

Date _____

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired _____ Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what? _____
	P.M.	P.M.	
Monday	A.M.	A.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Tuesday	A.M.	A.M.	<i>If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.</i>
	P.M.	P.M.	
Wednesday	A.M.	A.M.	I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.
	P.M.	P.M.	
Thursday	A.M.	A.M.	Applicant's Signature _____ Date _____
	P.M.	P.M.	
Friday	A.M.	A.M.	
	P.M.	P.M.	
Saturday	A.M.	A.M.	
	P.M.	P.M.	

This Page For Institution and Interviewers' Use Only

Interviewers' Comments		
Interviewer	Date	Comments

Reference and Prior Employment Check		
Individual Contacted	Name of Firm	Results of Check

FOR PERSONNEL OFFICE USE

Hired _____ For what department _____ Position _____

Salary _____ per Year Month Hour Starting Date _____

The purpose of this form is to verify the identity of the individual requesting information from the Nebraska Adult / Child Abuse and Neglect Central Registry. If you are under the age of 19, a parent or guardian's notarized signature is required instead of yours. Do not leave any fields blank.

Request Number: _____

INDIVIDUAL INFORMATION

Name: _____

Date of Birth: _____

Person signing:

Individual or Individual's Guardian

Signature of Individual / Guardian: _____ Date: _____

NOTARY USE ONLY

STATE OF _____)

COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

Printed Name of Person to be Notarized : _____

Affix Official Notary Seal Here

Signature of Notary Public _____

DO NOT MAIL THIS FORM. Once this form has been notarized, upload and attach this document to your Check Request on the Nebraska Central Registry Portal. To access your check request, you must enter the PIN you initially created and the Request Number on the portal.

<https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/ResultsVerification>

Email:

**CRIMINAL HISTORY SCREENING CONSENT FORM
BACKGROUND CHECK**

Name _____ Date _____

Maiden Name/Other Names Used _____

Date of Birth _____ Ethnicity _____ Sex _____

Social Security Number _____

Driver's License Number _____

Do you have any felony charges pending against you? _____ yes _____ no

Have you ever pled guilty or been convicted of a crime? _____ yes _____ no

Explanation _____

Are you currently licensed or certified by a health care related occupation? _____ yes _____ -no

If so, what type? _____

Effective Date _____ Expiration Date _____

Applicant Statement

As a prospective employee, I understand that the above information is required in order for the facility to request that a criminal background check be conducted by the State Police.

If the Facility's representative determines that actions by a court of law against a prospective employee are such that they indicate the applicant is unsuited to work in a nursing home, the applicant will not be considered for employment.

A report may be made to the Nurse Aide Registry or State Licensing Agency, if deemed appropriate.

I understand the importance of protecting the safety and well being of the residents of the Facility I understand that conviction of a crime after employment may be deemed cause for dismissal if there is an indication of behavior that might place residents at risk.

A copy of the background check may be obtained within 60 days upon written request of the applicant.

Consent Signature of Applicant _____ Date _____

The purpose of this form is to verify the identity of the individual requesting information from the Nebraska Adult / Child Abuse and Neglect Central Registry. If you are under the age of 19, a parent or guardian's notarized signature is required instead of yours. Do not leave any fields blank.

Request Number: _____

INDIVIDUAL INFORMATION

Name: _____

Date of Birth: _____

Person signing:

Individual or Individual's Guardian

Signature of Individual / Guardian: _____ Date: _____

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<https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/ResultsVerification>

Email:



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employee must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See Instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one)

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2: Employer or Authorized Representative Review and Verification.

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 8 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3: Reverification and Rehire (To be completed and signed by employer or authorized representative)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

The purpose of this form is to verify the identity of the individual requesting information from the Nebraska Adult / Child Abuse and Neglect Central Registry. If you are under the age of 19, a parent or guardian's notarized signature is required instead of yours. Do not leave any fields blank.

Request Number: _____

INDIVIDUAL INFORMATION

Name: _____

Date of Birth: _____

Person signing:

Individual or Individual's Guardian

Signature of Individual / Guardian: _____ Date: _____

NOTARY USE ONLY

STATE OF _____)

COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

Printed Name of Person to be Notarized : _____

Affix Official Notary Seal Here

Signature of Notary Public _____

DO NOT MAIL THIS FORM. Once this form has been notarized, upload and attach this document to your Check Request on the Nebraska Central Registry Portal. To access your check request, you must enter the PIN you initially created and the Request Number on the portal.

<https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/ResultsVerification>

Email:



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

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Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See Instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employment Eligibility Verification
 Department of Homeland Security
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3: Reverification and Rehire (To be completed and signed by employer or authorized representative)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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