# APPLICATION FOR EMPLOYMENT (Please Print Clearly)

Personal Infor	mation			Date of Application				oate vailable _		
Name	Last	· ·		First			Middle		: .	
Present Address								Phone I	Number	
Permanent Address (if Different than	Str	eet		City '	S	state	Zlp Code	Dh an a l	Jumph on	,
Present Address)	Str	eet		City	S	tate	Zip Code	Prione i	numper	
If you cannot be read	ned at above phor	ne number, ple	ase give	alternate num	nber.	Phone N	umber			
Employment D	esired Desired	Shift		Salary	Will Yo	u Accep	ot Employment of:	□ Full Ti	me? 🗅 Part	Time? □ Temporary
First Choice	Doorloa			. Out y	l		s. of Age or Older? yed Now? 🔲 Yes		□ No	
Second Choice							ct Your Present Er	mployer?	☐ Yes ☐ Ì	No
Third Choice					Learn	old You Of This ng?				
Education	Circle Highest Grade Complet		10 11 14 15	12 16	Scholasti Honors Received					
i	Name of	School		Location (City, State)			Courses Taken		Completed	Type of Degree or Certificate Received
High School				•					□ No □ Yes	
College						• •	· .		☐ No ☐ Yes; —	
Vocational or Business									☐ No ☐ Yes; — / Date	<u></u>
Professional Education						•			☐ No ☐ Yes; ————————————————————————————————————	<u> </u>
Laboratory or X-Ray Training									☐ No ☐ Yes; Date	,
Extracurricular Activities While in Sci	nool									
Member of Professional Organiza	ations							<u>.</u>		
Honors Received, Vo Service or Other Qua Which You Feel Are F Position for Which Yo	lifications You Ha Related to the	ve	. ,		<del></del>					
Were you in the U.S. A	Armed Forces?   □	Yes □ No	If yes, wh	nat branch?						
Dates of Duty: From _	Month Day		То	Month /	Day	/ Year	Rank at Disch	narge		
Professional Li	censes and/o	r Certifica	tions _	l W						Verif.
Туре	Organization or Sta						Date Issued	Numb	er	von.
Туре	Organization or Sta	te Issued					Date Issued	Numt	er	
Туре	Organization or Sta	te issued					Date Issued	Numi	er	

Present and Former Employers	Dates Employed	Salary	Position & Duties
	From	Range Starting	
Name			· · · · · · · · · · · · · · · · · · ·
Address	To	Ending	
City/State/ZipPhone			
	From	Starting	
Name			· · · · · · · · · · · · · · · · · · ·
Address	. To	Ending	
City/State/Zip		Literity	
SupervisorPhone	From	01	
Name	rom	Starting	
Address		ļ	
City/State/Zip	То	Ending	
SupervisorPhone			
Name	From	Starting	•
Address			
	То	Eńding	
Supervisor Phone Phone	,		
Name	From	Starting	
Address			
City/State/Zip	То	Ending	,
SupervisorPhone			
	From	Starting	
Name			
Address	To	Ending	
City/State/Zip         Phone			•
your former employment references, education or military se name other than indicated on front of application, please inc	ervice are under licate it here.	Last	First Middle
lave you ever been convicted of a crime?   Yes  No	If Yes, for what, wh	en and wherer.	
(Conviction of a criming set this space to give us further information which will assist	nal offense will not nec	essarily preclud	
(Conviction of a criming set this space to give us further information which will assist	nal offense will not nec	essarily preclud	
(Conviction of a criming this space to give us further information which will assist	nal offense will not nec	essarily preclud	
(Conviction of a crimin se this space to give us further information which will assist nown at least one year.	nal offense will not nece t us in placing you, inc	essarily preclud	two personal references not related to you, whom you
(Conviction of a crimin lse this space to give us further information which will assist nown at least one year.	nal offense will not nece t us in placing you, inc	essarily preclud	two personal references not related to you, whom you
(Conviction of a crimin lse this space to give us further information which will assist nown at least one year.	nal offense will not nece t us in placing you, inc	essarily preclud	two personal references not related to you, whom you  pleted After Employed
(Conviction of a criminal (Conviction of a c	nal offense will not nece t us in placing you, inc	essarily preclud	two personal references not related to you, whom you  pleted After Employed
Conviction of a crimin se this space to give us further information which will assist nown at least one year.  Do Not Answer Question ate of Birth Marital Status otify In Case of Emergency:	nal offense will not nece t us in placing you, inc	essarily precludeluding at least	pleted After Employed  Number and Ages of Children

#### **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.

		* It II O'	•							
		Applicant's Signature			Date					
р	lease Indicate Days and Ho Available For Work (Be S	urs You Are ipecific)	Availability Record							
Day	From	То								
			Primary position desired							
Sunday	A.M.	A.M.	14,111							
	P.M.	P.M.	Will you accept another position	? LiYes LiNo.						
			If so, what?							
Monday	. A.M.	A.M.	Are you available to work:	Weekends? - Holidays?	□ Yes □ Yes	□ No				
Tuesday	A.M.	A.M.		Rotating Shifts?	☐ Yes	□ No				
·	P.M.	· P.M.	If your availability changes, it	to fill in an	"Avallabilitu					
Wednesday	A.M.	A.M.	Card" indicating the changes future employment.							
	P.M.	P.M.								
Thursday	, A.M.	A.M.								
mursuay	P.M.	P.M.	I understand that emergency conditions may require me to temp work shifts other than the one for which I am applying and agree to							
Fuldaya	A.M.	A.M.	scheduling change as directe this institution.	d by my department h	ead or admi	inistrator of				
Friday	P.M.	P.M.								
Ostovalos	A.M.	A.M.	Applicant's Sign	ature		Date				
Saturday		•		-						

#### This Page For Institution and Interviewers' Use Only

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Interviewers' Comments			A PROPERTY OF THE PROPERTY OF	
Interviewer	Date		Comments	
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Reference and Prior Emplo	yment Check		Accessor of the Manager	
Individual Contacted	Name of Firm		Results of Chec	k
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ired	For what department_		Position_	
alary	_ per ☐ Year ☐ Mor	oth 🔲 Hour	Starting Date	

CRIMINAL HISTORY SCREENING CONSENT FORM BACKGROUND CHECK
NameDate
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?yesno
Have you ever pled guilty or been convicted of a crime?
Explaination
• •
Are you currently licensed or certified by a health care related occupation?yesno
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

# NEBRASKA Good Life, Great Mission. DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services Division of Children and Family Services

## **IDENTITY VERIFICATION**

https://ecmp.nebraska.gov/DHHS-CR/Chec	kRequest/ResultsVerit	lication
DO NOT MAIL THIS FORM. Once this form has been notarized, up Request on the Nebraska Central Registry Portal. To access your or preated and the Request Number on the portal.	pload and attach this d check request, you mu	ocument to your Check st enter the PIN you initially
*Affix Official Notary Seal Here* Signature of Notary Po	ublic	
·		
•		
Printed Name of Person to be Notarized :		
The foregoing instrument was acknowledged before me this		, 20 by:
COUNTY OF		
STATE OF_		
NOTARY USE C		
Signature of Individual / Guardian:	, Da	ate:
Person signing: ☐ Individual or ☐ Individual's Guardian		
Name:	SWATION	Date of Birth:
INDIVIDUAL INFOR	MATION	
Request Number:		
The purpose of this form is to verify the identity of the individual re Child Abuse and Neglect Central Registry. If you are under the ag required instead of yours. Do not leave any fields blank.	e of 19, a parent or gu	rom the Nebraska Adult / ardian's notarized signature is



#### **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.

documentation presented has a future expiration	date may also constitut	e illegal discriminat	iort.			
Section 1. Employee Information than the first day of employment, but not			st complete an	d sign Se	ection 1 o	f Form I-9 no later
Last Name (Family Name)	First Name (Given Nan	ne)	Middle Initial	Other L	ast Name	s Used <i>(if any)</i>
Address (Street Number and Name)	Apt. Number	City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy)  U.S. Social Sec	E	Employee's Telephone Number				
I am aware that federal law provides for connection with the completion of this	form.			or use of	f false do	ocuments in
I attest, under penalty of perjury, that I	am (check one of the	e following boxe	es): 			
2. A noncitizen national of the United State:	e (Saa instructions)					
3. A lawful permanent resident (Alien Re		S Number):				
4. An alien authorized to work until (expir Some aliens may write "N/A" in the expir		_				
Aliens authorized to work must provide only of An Alien Registration Number/USCIS Number						R Code - Section 1 ot Write in This Space
Alien Registration Number/USCIS Number     OR	<u> </u>		_			
2. Form I-94 Admission Number: OR						
3. Foreign Passport Number:						
Country of Issuance:		Aquesan				
Signature of Employee			Today's Dai	te (mm/dd	<sup>(</sup> /уууу)	
Preparer and/or Translator Certiful I did not use a preparer or translator.  (Fields below must be completed and sign	A preparer(s) and/or tra	anslator(s) assisted				
I attest, under penalty of perjury, that I I knowledge the information is true and o		completion of S	ection 1 of th	is form a	and that	to the best of my
Signature of Preparer or Translator	,			Today's l	Date (mm/	dd/yyyy)
Last Name (Family Name)		First Nam	e (Given Name)			
Address (Street Number and Name)		City or Town			State	ZIP Code
					L	



Employer Completes Next Page





### **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 Autho (Employers or their authorized represental must physically examine one document fro of Acceptable Documents.")	ive must con	plete and sign	Section	2 within 3	business	days c	of the emp				
Employee Info from Section 1	ame <i>(Family</i>	Name)		First Name	(Given N	lame)	M,	. Citizer	nship/Immigration Status		
List A Identity and Employment Authorizati	OR on		List Identi			AND		Empl	List C oyment Authorization		
Document Title	Do	cument Title				E	Document	Title			
Issuing Authority	lss	uing Authority				1	ssuing Au	hority			
Document Number	Do	cument Numbe	ır			1	Document Number				
Expiration Date (if any) (mm/dd/yyyy)	Ex	piration Date <i>(if</i>	any) (n	nm/dd/yyyy	)	E	Expiration	Date (if an	y) (mm/dd/yyyy)		
Document Title											
Issuing Authority	A	dditional Infor	mation	1					Code - Sections 2 & 3 ot Write In This Space		
Document Number											
Expiration Date (if any) (mm/dd/yyyy)											
Document Title											
Issuing Authority							<u> </u>	,			
Document Number											
Expiration Date (If any) (mm/dd/yyyy)											
Certification: I attest, under penalty of (2) the above-listed document(s) appoint employee is authorized to work in the The employee's first day of employee	ear to be ge United Sta	nuine and to test.	examir relate t	ned the do	oloyee n	amed,	, and (3) t	y the abo o the bes	t of my knowledge the		
Signature of Employer or Authorized Repr	esentative	Toda	y's Date	e (mm/dd/y	` yyy)   T	Title of	Employer	or Authoriz	zed Representative		
Last Name of Employer or Authorized Represe	ntative Firs	st Name of Emplo	ver or A	uthorized Re	epresentati	ive	Employer's	s Business	or Organization Name		
Employer's Business or Organization Addi	ess (Street I	Number and Na	me)	City or Tov	vn			State	ZIP Code		
Section 3. Reverification and R	ehires (To	o be complete	d and .	signed by	employe						
A. New Name (if applicable)  Last Name (Family Name)	First Name	e (Given Name)		Mid	dle Initial		Date of R ate (mm/d	ehire <i>(if ap</i>	pplicable)		
Last Name (Family Name)	First Ivaine	s (Given Name)		IVIIC			ato (mma	<i>⊶,</i> ,,,,,,			
C. If the employee's previous grant of emp continuing employment authorization in the			xpired, j	provide the	informati	on for	the docum	ent or rece	eipt that establishes		
Document Title		D	ocumer	nt Number				xpiration D	ate (if any) (mm/dd/yyyy)		
I attest, under penalty of perjury, that the employee presented document(s)											
Signature of Employer or Authorized Repr		Today's Date			T				epresentative		

# 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	OR	LIST B Documents that Establish Identity	ID	LIST C Documents that Establish Employment Authorization
3.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa  Employment Authorization Document		<ol> <li>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</li> <li>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,</li> </ol>	1.	A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of report of birth issued
	that contains a photograph (Form I-766)		information such as name, date of birth, gender, height, eye color, and address  3. School ID card with a photograph	3.	by the Department of State (Forms DS-1350, FS-545, FS-240)  Original or certified copy of birth
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		<ol> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> </ol>	J.	certificate issued by a State, county, municipal authority, or territory of the United States
	a. Foreign passport; and b. Form I-94 or Form I-94A that has the following:		Military dependent's ID card     U.S. Coast Guard Merchant Mariner Card	4.	
	<ul><li>(1) The same name as the passport; and</li><li>(2) An endorsement of the alien's nonimmigrant status as long as</li></ul>		Native American tribal document     Driver's license issued by a Canadian		U.S. Citizen ID Card (Form I-197)  Identification Card for Use of Resident Citizen in the United
	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.		government authority  For persons under age 18 who are unable to present a document listed above:	7.	States (Form I-179)  Employment authorization document issued by the Department of Homeland Security
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		<ul><li>10. School record or report card</li><li>11. Clinic, doctor, or hospital record</li><li>12. Day-care or nursery school record</li></ul>		

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

Refer to the instructions for more information about acceptable receipts.

Form I-9 10/21/2019 Page 3 of 3