

Hillcrest Care Center and Assisted Living

702 Cedar St Laurel, NE 68745

P: (402)256-3961 F: (402)256-9522

Application for Employment

(Please Print)

Position Applied For: _____ Date of Application: ____/____/____

Referred by: _____

Name: _____ Social Security Number: _____
Last First MI.

Address: _____
Street City State Zip Code

Telephone # : (_____) _____ Cell Phone: (_____) _____

If you are under the age of 18, and it is required can you furnish a work permit? Yes No

If **NO**, please explain: _____

If not a U.S. citizen, do you have the right to remain permanently and work in the U.S.A.?

Alien Reg. No. _____ Yes No

Have you ever been employed here before? Yes No

If **yes**, give dates and positions: _____

Date available for work: ____/____/____

Type of employment: _____ Full Time _____ Part Time _____ As Needed

How did you hear about this job: _____

Educational Background:

School	Names and Address of School	Courses Taken	Did you Graduate	Diploma, Degree, or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Extracurricular Activities While in School:

Professional Organization Membership, Honors Received, Volunteer or Community Service, or Other Qualifications You Have Which You Feel are Related to the Position for Which You are Applying:

Professional Licenses and / or Certifications:

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 History: (Start with your most recent employer)

Employer: _____ May we Contact for reference Yes No

Street Address: _____ City: _____ State _____

Phone Number: (_____) _____ Immediate Supervisor & Title: _____

Position Title: _____ Responsibilities: _____

Why Did You Leave: _____

Dates Employed: ____/____/____ to ____/____/____ Final Wage: _____

Employer: _____ May we Contact for reference Yes No

Street Address: _____ City: _____ State _____

Phone Number: (_____) _____ Immediate Supervisor & Title: _____

Position Title: _____ Responsibilities: _____

Why Did You Leave: _____

Dates Employed: ____/____/____ to ____/____/____ Final Wage: _____

Employer: _____ May we Contact for reference Yes No

Street Address: _____ City: _____ State _____

Phone Number: (_____) _____ Immediate Supervisor & Title: _____

Position Title: _____ Responsibilities: _____

Why Did You Leave: _____

Dates Employed: ____/____/____ to ____/____/____ Final Wage: _____

Employer: _____ May we Contact for reference Yes No

Street Address: _____ City: _____ State _____

Phone Number: (_____) _____ Immediate Supervisor & Title: _____

Position Title: _____ Responsibilities: _____

Why Did You Leave: _____

Dates Employed: ____/____/____ to ____/____/____ Final Wage: _____

References:

Name:	Title:	Relationship to you:	Telephone:	# of Years Known

Answering “yes” to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? Yes No

If **YES**, please provide date(s) and details:

Availability Information:

Day:	From:	To:	Are you available to work:
Sunday:	AM PM	AM PM	Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No
Monday:	AM PM	AM PM	Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No
Tuesday:	AM PM	AM PM	Rotating Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No
Wednesday:	AM PM	AM PM	On Call <input type="checkbox"/> Yes <input type="checkbox"/> No
Thursday:	AM PM	AM PM	
Friday:	AM PM	AM PM	
Saturday:	AM PM	AM PM	

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.

Applicants Signature: _____ Date: _____

Applicant Statement

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I voluntarily give this institution the right to make a through 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 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.

Applicants Signature: _____ Date: _____