

Position applying for: _____ Date of Application: ____/____/____ Referred by: _____

Check all current certifications or license(s) **valid in Nebraska**: CNA 40-hour MA LPN RN Other: _____

Shift preferences 6 am-2 pm 2 pm-10 pm 10 pm-6 am Any shift works for me

Employment preference Full-time Part-time As needed

City of Stanton Nursing Home dba Stanton Health Center & Westside Regency Assisted Living
301 17th Street PO Box 407 Stanton, NE 68779 Phone: (402) 439-2111 Fax: (402) 439-2132
Equal Opportunity Employer

Instructions: Please print all information and complete every part of this application. If there is a question which does not apply to you, mark "N/A." Do not leave any question unanswered. Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment.

Application for Employment

Name _____
Last First Middle Initial
Address _____
Street City State Zip Code
Telephone (____) _____ Cell Phone: (____) _____

Have you been accused or found guilty of abuse, neglect, or misappropriation of property of any person? ___Yes ___No

Are you currently under any type of investigation by the licensure division of the Department of Health & Human Services or any other licensure body? ___Yes ___No If yes, explain: _____

Are you listed on the Child or Adult Abuse Registry? ___Yes ___No

Are you listed on the Sex Offender registry? ___Yes ___No

Are you listed on the Office of the Inspector General's Exclusion List? ___Yes ___No

Are you listed on the General Services Administration's List of Parties Excluded from Federal Procurement and Non—procurement Programs? ___Yes ___No

Are you legally eligible for employment in this country? ___Yes ___No

Stanton Health Center does not hire anyone under the age of 16. Nursing and maintenance personnel must be at least 18 years of age. Transportation personnel must be at least 25 years of age.

If under 18, date of birth: ____/____/____

If you are under the age of 18, and it is required, can you furnish a work permit? ___Yes ___No

If NO, explain: _____

Have you ever been employed here before? ___Yes ___No

If YES, give dates and positions: _____

If YES, reason for leaving: _____

Date available for work: ____/____/____ Desired Salary: \$ _____

Type of employment desired: ___Full-Time ___Part-Time ___As needed

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? ___Yes ___No

If YES, provide dates and details: _____

Answering "yes" to the preceding question 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.

Educational Background (List most recent)

School (Including City & State)	Completed	Major/Minor
	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other _____	
	<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other _____	

Employment History (Starting with your most recent employer)

Employer _____ May we contact for reference? Yes No
Street Address _____ City _____ State _____
Phone Number (_____) _____ Supervisor & Title _____
Job Responsibilities _____
Reason for leaving _____
Dates employed ____/____/____ to ____/____/____ Final Wage _____

Employer _____ May we contact for reference? Yes No
Street Address _____ City _____ State _____
Phone Number (_____) _____ Supervisor & Title _____
Job Responsibilities _____
Reason for leaving _____
Dates employed ____/____/____ to ____/____/____ Final Wage _____

Employer _____ May we contact for reference? Yes No
Street Address _____ City _____ State _____
Phone Number (_____) _____ Supervisor & Title _____
Job Responsibilities _____
Reason for leaving _____
Dates employed ____/____/____ to ____/____/____ Final Wage _____

References (Individuals that we can call for a reference. Do not list family members.)

Name	Relationship	Telephone	# of Years Known

Applicant's 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 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, resume 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 nondefamatory information, in a lawful manner, in the employment process and all the other persons, corporations, or organizations for furnishing such information about me.

I understand 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.

I understand that in order to be eligible for employment at Stanton Health Center, I must not be listed on HHS-OIG's List of Excluded Individuals and Entities or the General Services Administration's List of Parties Excluded from Federal Procurement and Non-procurement Programs.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one has the authority to make oral contracts of employment. If hired, my employment relationship is terminable at-will, with or without cause, by either myself or the Employer. No implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that this employer uses E-Verify and will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's I-9 Form to confirm work authorization.

I also understand that if there are any adverse findings on the criminal background check, adult registry of abuse and neglect, child abuse registry of abuse and neglect, or the sex offender registry, the facility may choose to terminate employment.

I understand that if any adverse findings are found on the Nurse or Nurse Aide Registry, the facility CANNOT employ me.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented, at any time, in any respect, will be sufficient cause to:

1. Eliminate me from further consideration for employment, or
2. May result in my immediate discharge from the employer's service.

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DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT!

I CERTIFY BOTH OF THE FOLLOWING:

- That I have read, fully understand and accept all terms of the foregoing applicant statement; and
- That I have not been subject to sanctions or exclusions under the Medicare or Medicaid Programs and have not been convicted of violation of other laws other than those I listed on the first page of the application.

Applicant's Signature

Date