

Hemingford Community Care Center and Assisted Living

605 Donald Avenue, P O Box 307, Hemingford, NE 69348

Phone: (308) 487-3301, 3302 Fax: (308)487-5447 E-Mail: hccc@bbc.net

Employment Application Form

PLEASE COMPLETE ALL PAGES

DATE: _____

Name: _____
Last First Middle

Present Address: _____
Number Street City State Zip

How long _____ Social Security No. ____ - ____ - ____

Telephone (____) _____

Date of Birth _____

Position applied for (1) _____

Days/hours available to work

And salary desired (2) _____

No Pref. ____ Thur _____

(Be Specific)

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL-OR-PART-TIME PRN

When available for work? _____

Are you able to perform the responsibilities of the position with reasonable accommodations? ___ No ___ Yes

Can you provide proof of eligibility to work in the United States? ___ No ___ Yes

If you are under age 18, do you have an employment/age certificate? ___ No ___ Yes

Have you been convicted of or pleaded no contest to a felony within the last seven years? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation. _____

Have you ever applied for a job with us before? No Yes
 If yes, give date: _____

Have you ever worked for us before? No Yes
 If yes, give date(s): _____
 Position: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

Have you had any accidents in the past three years? Yes No How Many? _____
 Have you had any moving violations in that time? Yes No How Many? _____

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

If Yes, please give Branch, Specialty, Date Enlisted and Discharged: _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

If Yes, please provide Specialty, Date Entered and Discharge Date: _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

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PLEASE TELL US ABOUT ANY FOREIGN LANGUAGES YOU ARE ABLE TO SPEAK, READ, AND/OR WRITE (give details):

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Please list two references other than relatives or previous employers.

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

PRESENT EMPLOYMENT INFORMATION (IF APPLICABLE):

Employer Name: _____ DOH: _____

Supervisor: _____ Job Title: _____

Address: _____

Phone Number: _____

Reason for wanting to leave: _____

May we contact this employer? Yes No If No, explain why _____

Please list additional work experience. If you were self-employed, give firm name. Include any job-related military service assignments and volunteer activities.

Employer Name: _____ Telephone: _____

Address: _____

Supervisor: _____ Job Title: _____

Employment Dates From: _____ To: _____

Pay or Salary: Start _____ Final _____

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Employer Name: _____ Telephone: _____

Address: _____

Supervisor: _____ Job Title: _____

Employment Dates From: _____ To: _____

Pay or Salary: Start _____ Final _____

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

Employer Name: _____ Telephone: _____

Address: _____

Supervisor: _____ Job Title: _____

Employment Dates From: _____ To: _____

Pay or Salary: Start _____ Final _____

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____

PLEASE READ CAREFULLY BEFORE SIGNING

1. I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire and termination of my employment.
2. I understand that neither the acceptance of this application for the subsequent entry into any type of employment relationship with HEMINGFORD COMMUNITY CARE CENTER AND ASSISTED LIVING ("HCCC") creates an actual or implied contract of employment. I understand that, if I accept employment with HCCC, it will be on at-will basis. This means that either HCCC or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. If my employment is terminated, HCCC is liable only for wages or salary earned as of the date of termination.
3. I agree to drug and alcohol testing, if requested by HCCC. I release HCCC, and its employees, plus other persons or companies, from any and all liability arising out of or related to in any way to such testing.
4. I authorize HCCC to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release HCCC and its employees from all liability arising from such investigation.
5. Any doctor, hospital or testing laboratory has my consent to conduct medical or drug test on me, and I hereby give my consent to having all information released for HCCC to determine my abilities to perform job duties now or in the future.
6. I understand that HCCC requires all staff to report sanction, convictions, suspensions, censures or revocation action taken against them by federal, state, local, or other professional entities. These sanctions may include but not limited to infractions against professional licensure, criminal history convictions, history of child/adult abuse, managed care organization, etc.
7. This application is current and active for only six months. At the conclusion of this time, if I have not had any contact from HCCC and still wish to be considered for employment, it will be necessary for me to complete a new employment application.
8. If employed, I understand that I must abide by HCCC's policies and procedures.
9. If employed, I understand that my employment is temporary until my Criminal Background Check is returned to HCCC and confirms a clear record.

I have read and agree to the above and hereby certify that the information I have provided in my

Employment application is true and complete.

Signature of Applicant _____ Date _____

HEMINGFORD COMMUNITY CARE CENTER AND ASSISTED LIVING is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

FOR PERSONNEL USE ONLY

Arrange Interview: Yes ___ No ___ Interview Date _____ Remarks _____

Employed: Yes ___

No _____

Date of Employment (Start Date): _____ Hourly Rate/Salary _____

Job Title: _____

Name & Title of Authorized Personnel: _____ Date: _____

HCCC Administrator: _____ Date: _____
