

APPLICATION FOR EMPLOYMENT

Cedarwood Assisted Living

828 22nd St

Fairbury, NE 68352

402-729-6100

Fax: 402-729-6101

DATE: _____

Cedarwood
JCHC provides equal employment opportunity to all applicants and its employees in all aspects of human resources administration without regard to political affiliation, race, color, religion, national origin, sex, marital status, or mental or physical disability. Applicants who need an accommodation in the selection process are asked to request such assistance.

GENERAL INFORMATION

Name: Last First Middle Name Social Security Number

Have you worked under other names? If yes, -- Name(s)

Street Address

City State Zip Code

Home Telephone Number: () Work/Message Telephone Number () Ext. Email Address:

Please note the times to call the telephone numbers above: HOME: WORK/MESSAGE:

Do you have relatives employed at JCHC? Yes No
Who: _____ Relationship: _____

POSITION INFORMATION

Position Desired: Desired Salary: Date Available:

Desired Hours: Full-time Part-time Days Evenings Nights On-Call # of hours desired: _____

Were you formerly employed at Cedarwood? If so, list date(s)

Have you applied for a position at Cedarwood within the last 6 months? Yes No

Are you 16 years of age or older? Yes No

How did you learn of this opening?

JOB SKILLS

Are you proficient with the following skills:

Personal Computers Yes No

Microsoft Windows Yes No

Word Processing Software Yes No

If yes, name _____

Spreadsheet Software Yes No

If yes, name _____

Medical Terminology Yes No

10 Key Calculator Yes No

Transcription Yes No

Presentation/Graphic Software Yes No

If yes, name _____

Do Not Write in this Box

Sal _____

DHHS _____

Ref _____

Liç. Ver _____

EDUCATION

| School | Name and Location | Course of Study | Diploma/Degree Completed |
|--------------------|-------------------|-----------------|--------------------------|
| High School | | | |
| Technical | | | |
| College | | | |
| Graduate/ Other | | | |

| Professional Licenses and Certifications: (Include driver's license <u>only</u> if required by position) | | | |
|--|-------|-----------|-----------------|
| Type | State | ID Number | Expiration Date |
| | | | |
| | | | |

Has your license(s) ever been suspended or revoked? If yes, please explain _____

Additional Job-Related Information (include memberships or honors that you feel would especially benefit a healthcare organization, etc.) _____

Note: Pharmacy Supportive Personnel Applicants Only:

In compliance with the Nebraska Department of Health, my initials below and subsequent signature on this application affirm the following information:
 (1) I am at least 18 years of age or older. (2) I have graduated from high school or have obtained an equivalent education, and (3) I have never been convicted of a drug-related misdemeanor or felony. Initials: _____

Have you ever been discharged or terminated from a job? Yes No. If yes, list employer, dates, reasons and explanation.

| Date of Employment | Employer | Reason | Explanation |
|--------------------|----------|--------|-------------|
| | | | |

Have you ever been convicted of a crime, served a sentence for a crime within the past ten years, or have charges currently pending? Yes No. If yes, please complete the selection below.

A conviction does not automatically disqualify you from gaining employment, since the nature of the offense committed, the date, and the type of position applied for will be taken into consideration.

| Date of Conviction | Charge | Court Location |
|--------------------|--------|----------------|
| | | |

Have you ever been convicted of a criminal offense related to health care? Yes No. If yes, please provide dates, location and description of offense: _____

Are you currently excluded, debarred or ineligible for participation in a federal health care program such as Medicare, Medicaid or the Civilian Health and Medical Program of the Uniformed Services? Yes No

If you are a student, please indicate the instructors you wish us to obtain a reference from if applicable to the position you are applying for.

| | | | | | |
|--------------|----------|-------------|--------------|----------|-------------|
| (Instructor) | (School) | (Telephone) | (Instructor) | (School) | (Telephone) |
|--------------|----------|-------------|--------------|----------|-------------|

I hereby certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.

I understand that this employment application or any other key document or agreement, either written or oral, are not contracts of employment. I agree to conform to the rules and regulations of Jefferson Community Health Center. If accepted for employment, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any point in time, at the option of either Jefferson Community Health Center or myself. I furthermore understand that any offer of employment will be contingent upon my being able to prove eligibility for employment as required by the Immigration Reform and Control Act and upon satisfactory completion of post-offer health and drug screening.

I am aware that a consumer report, including an investigative consumer report containing information as to my character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during my employment, and that such a check may be conducted by an outside source. I will sign a separate disclosure as required by law if these reports are necessary for the position that I am making application. I furthermore acknowledge and assent that such outside agencies may keep and use the information they supply to Jefferson Community Health Center during this investigation for their own purposes. I release third parties, Jefferson Community Health Center and its employees from any claims arising out of these authorizations. I understand that such information as the name of the investigating company or the nature and scope of such inquiry, if one is necessary, is available to me upon my written request, in conformance with the Fair Credit Reporting Act of 1970, as amended by the Consumer Credit Reporting Act of 1996.

I authorize and release current and previous employers, individuals, personal references, schools and organizations to provide Jefferson Community Health Center with any relevant information that may be required to arrive at an employment decision, and release such individuals providing references from any liability.

Signature _____

Date _____

APPLICATIONS WHICH ARE NOT SIGNED WILL NOT BE CONSIDERED