



APPLICATION FOR EMPLOYMENT

DEMOGRAPHICS

Name _____ Social Security No. ____-____-____
 Last First M.I.

Address _____
 Street City State Zip

Phone ____-____-____ Email _____

Position Applying for _____

Preferred Shift: Day Evening Night Number of Hours: Full Time Part Time

Availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Employment History

Have you previously worked for Lakeview Living? Yes No

If you answered YES, what dates did you work for Lakeview Living?: _____

Are you over 18 years or age? Yes No Employment may be subject to child labor laws.

Are you a United States Citizen? Yes No If not, are you able to work in the U.S.? Yes No

Alien Registration Number: _____

Have you ever been convicted of a misdemeanor or a felony? Yes No If YES, list conviction & dates: _____

Work History

Previous Employment - List most current first.

Name/Adress	Contact Person / Phone Number	Dates	Reason For Leaving	Ok to Contact? Yes or No
		From - To -		
		From - To -		
		From - To -		
		From - To -		

Education

Highest Grade Completed: _____

Degree/Diploma: _____

Other Training: _____

Licenses / Certifications: _____

Honors / Extracurricular activities during school: _____

Other professional organizations, honors, and community involvement you feel contributes to the position you're applying for at Lakeview Living: _____

PERSONAL REFERENCES

NAME	ADDRESS & EMAIL	PHONE	RELATIONSHIP

Notice to Applicant:

This facility does not discriminate on the basis of age, gender, race, religion, national origin, or disability. The facility does require applicants to be able to perform the job for which the applicant is being considered. Nebraska law requires the facility to perform a criminal background check and registry checks on all direct care staff. It is the policy of this facility to not hire direct care staff with criminal histories involving violence, abuse, neglect, or misuse of others property. State law also requires every staff person to complete a health history screen. This facility may require a physical examination by a health care professional based on the results of the screen at the facility's expense.

EMPLOYMENT AGREEMENT

I give this facility permission to contact previous employers and personal references and release from all liability all individuals or companies providing such information. I understand my employment and/or continued employment may be dependent upon the results of background checks and physical examination. I understand my employment may be terminated for any dishonesty in completing this application.

Applicant Signature

Date



404 E 8th Street
Firth, NE 68358
Phone (402) 791-0158
Fax (402) 791-0159