

APPLICATION For Employment



Hillcrest - “A Caring Center”

P.O. Box 1087

McCook, NE 69001

(308) 345-4600

Position(s) Applied for:		Date of Application:
How did you learn about us?		
Last Name	First Name	Middle Initial
Address	City	State / Zip Code
Telephone	Email	Social Security Number ____-____-_____

Applicant's Statement:

I Certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize Hillcrest Nursing Home to make an investigation of any of the facts set forth in this application. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. This application form is intended for use in evaluating your qualifications for employment.

I understand that this is not an employment contract. Hillcrest considers all applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. Hillcrest is an Equal Opportunity Employer.

Signature of Applicant

Date

HISTORY:

Please circle your response, if asked, please give dates or answer the questions asked in short answer form.

Are you over 16 years of age? YES NO

Have you ever filed an application with us before? YES NO

(If yes, give dates: _____)

Have you ever worked for Hillcrest Nursing Home? YES NO

(If yes, give dates: _____)

Are you currently Employed? YES NO

May we contact your present Employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa Immigration Status? (Proof of citizenship or immigration status will be required upon employment.) YES NO

On what date would you be available for work? Date: _____

Are you available to work: Full Part
Time Time

Shift preferred: _____ (Nursing: Day or Night)

Are there any hours or days you can not or will not work? _____

Have you ever been convicted of a felony? YES NO

If yes, please Explain:

EDUCATION	Name and Address of School	Course of Study	Number of Years	Diploma or Degree
High School				
College				
Other Training or Education				

Other Qualifications: _____

EMPLOYMENT EXPERIENCE:

Please note: Correct telephone numbers of past employers are critical. Ask for a phone book or call information if necessary. Start with you present or last job. Please be sure to answer all questions.

Employer:	Dates Employed	
Address:	Start	Finish
Phone Numbers:		
Job Title:	Hourly Wage / Salary	
Supervisor:	Start	Finish
Reason for Leaving		
Work Performed:		

Employer:	Dates Employed	
Address:	Start	Finish
Phone Numbers:		
Job Title:	Hourly Wage / Salary	
Supervisor:	Start	Finish
Reason for Leaving		
Work Performed:		

Employer:	Dates Employed	
Address:	Start	Finish
Phone Numbers:		
Job Title:	Hourly Wage / Salary	
Supervisor:	Start	Finish
Reason for Leaving		
Work Performed:		

REFERENCES:

Please note: Correct telephone numbers of references are critical. Ask for a phone book or call information if necessary.

Name:

Address:

Phone Numbers:

Relationship (or how you know them):

Name:

Address:

Phone Numbers:

Relationship (or how you know them):

Name:

Address:

Phone Numbers:

Relationship (or how you know them):

Name:

Address:

Phone Numbers:

Relationship (or how you know them):

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