



PARKSIDE MANOR APPLICATION FOR EMPLOYMENT
507 NORTH MAIN STREET, PO BOX 350, STUART, NE 68780

Notice to Applicants: Prospective employees will receive consideration without discriminations because of race, creed, color, sex, age, national origin, handicap or veteran status.

Basic Information:

Last Name First Middle Social Security Number

Address City State Zip Code

Home Phone Number Mobile Phone Number

Have you worked for us before? No Yes If Yes, When? _____

Position applied for? _____ Rate of pay expected _____

If applicable, list license numbers for positions in nursing: _____

Work schedule desired: Full Time Part Time

List any special skills you have for the positions applied for above _____

When will you be able to begin work? _____

Are you over 19? Yes No (If No, hire is subject to minimum legal age verification.)

Have you been convicted of a felony? Yes No If yes, list conviction and date _____

Did you serve in the US Armed Forces? Yes No If "Yes" in what Branch? _____

Education:

School Name & Address Grade Completed Diploma/Degree

High School _____

College _____

Business/Trade _____

Personal References:

Name Address Relationship Phone Number

Name Address Relationship Phone Number

Name Address Relationship Phone Number

Employment: Please give accurate, complete full-time and part-time employment records. Start with your present or most recent employer.

1.) _____
Company Name Telephone

Address Employment Dates

Name of Supervisor Rate of Pay

Job title and description of work: _____

Reason for leaving: _____

2.) _____
Company Name Telephone

Address Employment Dates

Name of Supervisor Rate of Pay

Job title and description of work: _____

Reason for leaving: _____

3.) _____
Company Name Telephone

Address Employment Dates

Name of Supervisor Rate of Pay

Job title and description of work: _____

Reason for leaving: _____

We may contact the employers listed above unless you indicate those you do not want us to contact. Do not contact employer number(s) _____. Reason _____

Applicant: Read and sign below

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature: _____ Date: _____

Employee Reference Check

Company you want us to contact:

Company

Address

Title

Company Requesting Reference Check



Parkside
Manor

PO BOX 350
Stuart, NE
68780

To be filled out by applicant:

I have made application for employment with the above listed employer. I hereby request and authorize you to furnish the above listed employer with any information concerning my employment record, character, habits and ability. I do hereby release the addressed entity and all individuals concerned from any claims, suits, and liabilities for any damage whatsoever resulting from their actions and conduct in responding to this request and the giving of such information.

Name While in Your Employ _____

Social Security Number _____

Dates of Employment _____

Start Position _____ Department _____

Salary _____ Per _____ Immediate Supervisor _____

End Position _____ Department _____

Salary _____ Per _____ Immediate Supervisor _____

Signature _____

To be filled out by previous employer:

Was the applicant employed by your company? Yes No

Is all the information stated above correct? Yes No

If no, what is incorrect? _____

What were the applicant's responsibilities? _____

Please rate the applicant's performance in the following areas.

	Below Average	Average	Above Average	Comments
Attendance				
Cooperation				
Job Knowledge				
Initiative				
Productivity				
Reliability				
Quality of Work				

What are the applicant's strong points? _____

What are the applicant's weak points? _____

Would you rehire the applicant? Yes No Why? _____

What was the applicant's reason for leaving? _____

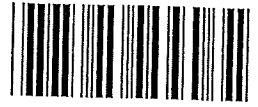
Additional Comments _____

Completed By: _____

Date: _____



Division of Children and Family Services (CFS)
 Nebraska Child Abuse and Neglect Central Registry (CAN Registry)/
 Nebraska Adult Protective Services Central Registry (APS Registry)
 Authorization for Release of Information for Registered Organizations



All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. **This form is for use only by organizations who have registered with CFS to obtain CAN Registry and/or APS Registry information.** For information on how to register your organization go to: http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx.

ORGANIZATION INFORMATION

Registered Organization ID Number	Registered Organization Name
1667	Stuart Village Nursing Home Board Parkside Manor of Stuart

APPLICANT INFORMATION

First	Middle	Last Name

Date of Birth	Age	Social Security Number

Current Address

City	State	Zip Code

Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided in the past 20 years (minimum City & State):



Please release the following information to the Organization listed above: (Check all that apply): .

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding any listing(s) which relate or pertain to me:

- a. Date of the alleged child abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding any listing(s) which relate or pertain to me:

- a. Date of the alleged adult abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

Signature of Applicant _____

_____ Date

(NOTE: If Applicant is less than 19 years of age the signature of Applicant's Legal Guardian is also required below)

Section A - Verification of Identity of Applicant: Section A or B must be completed.

STATE OF _____ }
COUNTY OF _____ } ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

(Printed Name of Applicant) .

Affix Official Notary seal here _____

Notary Public

Section B - Verification of Identity of Applicant: Section A or B must be completed.

The undersigned Organization employee hereby certifies that he or she has verified the identify of the Applicant by examining the Applicant's identification documents.

Signature of Organization Employee _____

_____ Date

Printed Name of Organization Employee _____

Signature of Applicant's Legal Guardian _____

_____ Date

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

Verification of Identity of Applicant's Legal Guardian (If applicable)

STATE OF _____ }
COUNTY OF _____ } ss.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by:

(Printed name of Applicant's Legal Guardian) .

Affix Official Notary seal here _____

Notary Public