



**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 \_\_\_\_\_

\_\_\_\_\_

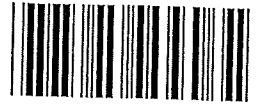
\_\_\_\_\_

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](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):

