

Cornhusker Place of Lincoln – Lancaster County, Inc.

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Cornhusker Place, Inc. The information requested on this form is sought in good faith and will not be used to discriminate on the basis of race, color, national origin, sex, marital status, religion, disability or political affiliation.

Applicant Name: _____ Maiden Name: _____
(Last) (First) (MI)

Address: _____
(Street Address) (City, State, Zip)

Phone Number You Can Be Reached At: _____

Social Security Number: _____ Email address: _____

Have you ever used any other name not listed above? Yes No If yes, what name(s) _____

GENERAL INFORMATION

Professional Position(s) applying for or type of work desired: _____

License/Certificate #: _____ Expiration Date: _____

Drivers License Number/Expiration Date: _____

Can you submit proof of legal employment authorization and identity? Yes No

Have you ever been previously employed by our organization? Yes No

If yes, dates: _____ reason for leaving: _____

Have you ever been convicted of a violation of law other than a minor traffic violation? Yes No

If yes, please explain: _____

Have you or are you involved in pretrial or probation services? Yes No

If yes, please explain the situation and length of time you will be on pretrial or probation: _____

Employment Availability: Fulltime Part Time On Call

Shift Availability: Days Evenings Nights
(8 hours per shift)

How many shifts per week do you want to work? _____

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Date Available to Start: _____

Job Referral Source: _____
(Please indicate job advertisement, name of person, etc.)

EMPLOYMENT HISTORY

Beginning with your most recent employment, please provide all employment information. Describe your work history in detail. A resume may be attached but the information below must be completed on this form.

Resume Attached

Employer: _____ **Position Held:** _____

Address: _____ **Supervisor/Telephone Number:** _____

Dates of Employment: _____ **Salary:** _____

Job Summary: _____

Reason for Leaving: _____

Employer: _____ **Position Held:** _____

Address: _____ **Supervisor/Telephone Number:** _____

Dates of Employment: _____ **Salary:** _____

Job Summary: _____

Reason for Leaving: _____

Employer: _____ **Position Held:** _____

Address: _____ **Supervisor/Telephone Number:** _____

Dates of Employment: _____ **Salary:** _____

Job Summary: _____

Reason for Leaving: _____

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With any previous employers did you have any loss or limitation of privileges, or disciplinary actions?

Yes No If yes, please explain: _____

OTHER SKILLS AND/OR QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates and/or other qualifications: _____

_____ CPR Yes No

Bilingual: Yes No If yes, languages spoken: _____

EDUCATIONAL RECORD

List school name and location, years completed, course of study and any degrees earned:

High School/GED: _____

Vocational School: _____

College: _____

Other: _____

WORK REFERENCES

List 3 work references including company names, phone numbers and years known (do not include relatives or friends):

1. _____

2. _____

3. _____

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of Cornhusker Place, Inc. not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation required by the American Disabilities Act.

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I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If hired, probationary, temporary and unclassified employees have no rights to regular status employment or appeal rights if terminated. This application must be signed for consideration of employment at Cornhusker Place. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

I attest to the following:

- Capable of performing essential functions of the job applied for with or without special accommodations
- No use of illegal substances
- No history of loss of applicable licenses to perform the job
- Will disclose any current or past adverse actions that may present risk management concerns (malpractice actions, insurance cancellations, criminal convictions, Medicare/Medicaid sanctions, ethical violations)

Applicant Signature: _____ Date: _____

Print Name: _____