

Position applied for: _____ Date of application: ____ / ____ / ____

Referred by: _____



Midwest Covenant Home ~ The Plaza ~ Park Villa

615 E. 9th Street P.O. Box 367 Stromsburg, NE 68666

P: (402) 764-2711 F: (402) 764-4352

Email: info@midwestcovenanthome.org

Application for Employment

(Please Print)

Name _____			
Last	First	Middle	
Address _____			
Street	City	State	Zip Code
Telephone # (____) _____		Cell phone #: (____) _____	
E-mail Address: _____			

If you are under the age of 18, and it is required, can you furnish a work permit? Yes No

If **NO**, please explain: _____

Have you ever been employed here before? Yes No

If **YES**, give dates and positions: _____

Are you legally eligible for employment in this country? Yes No

Date available for work: ____ / ____ / ____ Desired salary range? \$ _____

Type of employment desired ____ Full-Time ____ Part-Time ____ As needed

Driver's license _____ State _____

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If **YES**, please provide date(s) and details _____

Educational Background (Start with your most recent school attended, provide the following information)

School (Including City & State)	Years Completed	Completed	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

Employment History (Starting with your most recent employer, provide the following information.)

Employer _____ May we contact for reference? Yes No
 Street Address _____ City _____ State _____
 Phone number (____) _____ Immediate Supervisor & Title _____
 Job Responsibilities _____
 Why did you leave? _____
 Dates employed ____ / ____ / ____ to ____ / ____ / ____ Final Wage _____

Employer _____ May we contact for reference? Yes No
 Street Address _____ City _____ State _____
 Phone number (____) _____ Immediate Supervisor & Title _____
 Job Responsibilities _____
 Why did you leave? _____
 Dates employed ____ / ____ / ____ to ____ / ____ / ____ Final Wage _____

Employer _____ May we contact for reference? Yes No
 Street Address _____ City _____ State _____
 Phone number (____) _____ Immediate Supervisor & Title _____
 Job Responsibilities _____
 Why did you leave? _____
 Dates employed ____ / ____ / ____ to ____ / ____ / ____ Final Wage _____

References

Name	Title	Relationship to you	Telephone	# of Years Known
			(____) _____	
			(____) _____	
			(____) _____	

Applicant Statement

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, federal law.

I understand this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the Employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I also understand that if there are any adverse findings on the criminal background check, adult registry of abuse & neglect, or child registry of abuse & neglect, the facility may choose to terminate employment.

I understand that if any adverse findings are found on the Nurse Aide Registry, the facility CANNOT employ you.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____

Once you have completed the form, be sure to save and email it to: info@midwestcovenanthome.org or print out and mail to: Midwest Covenant Home, 615 E. 9th Street, PO Box 367, Stromsburg, NE 68666