



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Complete all necessary information. This application will be kept on file for 60 days. Answer all questions completely, sign and date where indicated. Please print.

NAME _____ SOC SEC# _____

ADDRESS _____

TELEPHONE _____
(Primary) (Message or Work)

EMAIL ADDRESS _____

Are you between the ages of 16 and 70? _____

Do you have a legal right to be employed in the United States? _____ If yes, proof is required.

Have you previously worked for CPCC _____ If yes, when _____

If you were referred for employment by a current employee, please indicate _____
newspaper ad; walk-in or other _____

Have you ever been convicted of a violation of law applicable to this position, other than a minor traffic violation? _____ If yes, please explain: _____

NOTE: A conviction record is not an automatic bar to employment

POSITION APPLYING FOR: (List in order of preference)

1. _____ 2. _____

3. _____ 4. _____

THIS APPLICATION IS FOR: Full Time Part Time Permanent Temporary

Shift Preferred: List in order of preference)

1. _____ 2. _____ 3. _____

Date available for work _____ MINIMUM SALARY REQUIRED: _____

PERSONAL REFERENCES:

(Other than family members or previous employers who have knowledge of your skills and abilities in the area for which you have applied)

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

EDUCATIONAL BACKGROUND

(Circle highest level completed)

GRAMMER SCHOOL 5 6 7 8 VOCATIONAL TRAINING _____

HIGH SCHOOL 9 10 11 12 GRADUATE DEGREE _____

COLLEGE 1 2 3 4 TRAINING IN WHAT FIELD _____

NAME OF LAST SCHOOL ATTENDED _____

LICENSES HELD: _____

(List type and number)

PREVIOUS EMPLOYERS AND THEIR ADDRESSES:

Place an X by the employer(s) you do not want us to contact. List the most recent employer first.

COMPANY NAME _____ PHONE _____

ADDRESS _____

SUPERVISOR _____ EMPLOYED FROM _____ TO _____

POSITION HELD _____ LAST WAGE _____

REASON FOR LEAVING _____

JOB DUTIES _____

COMPANY NAME _____ PHONE _____

ADDRESS _____

SUPERVISOR _____ EMPLOYED FROM _____ TO _____

POSITION HELD _____ LAST WAGE _____

REASON FOR LEAVING _____

JOB DUTIES _____

COMPANY NAME _____ PHONE _____

ADDRESS _____

SUPERVISOR _____ EMPLOYED FROM _____ TO _____

POSITION HELD _____ LAST WAGE _____

REASON FOR LEAVING _____

JOB DUTIES _____

PLEASE READ AND SIGN BELOW

I certify and agree as follows:

That evidence of false statements on this application will be considered sufficient cause for immediate disqualification as a candidate for employment or immediate discharge if already employed.

That, if employed, I am employed on an at-will basis and may be terminated at any time either by me or my employer, with or without cause.

I understand that if hired, and it is suspected that I am under the influence of alcohol or drugs while in the facility, I will be required to obtain either a blood or urine test with grounds for immediate termination in the case of positive results.

If selected for hire, I will obtain a pre-employment physical paid for by Community Pride Care Center. The physician and cost must have prior approval from the Administrator of the facility and the physician must certify that I am able to work before I actually begin employment.

If my job requires certification and/or education requirements, I am willing to complete the course and testing in a timely manner.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

I understand that Community Pride Care Center is an Equal Opportunity Employer. All qualified persons are welcome to submit applications for employment. Applicants will be selected solely on qualifications without regard to age, sex, race, color, religion or national origin. I understand that a portion, or all, of my references will be checked and I authorize Community Pride Care Center to contact them.

I authorize my previous employers to release information regarding my employment, including evaluations.

I authorize Community Pride Care Center to release specific employment information to places where I have filed an employment application whether during or after my employment at Community Pride Care Center.

Signature _____ Date _____

This application remains in effect for 60 days.

Skilled Nursing Facility • Assisted Living Facility

901 South 4th Street • Battle Creek, NE 68715
Phone 402-675-2955 • FAX 402-675-2965

Section I

I understand that the Nebraska Department of Health and Human Services requires the following background information on me. History may be requested from law enforcement or criminal justice agencies, including but not limited to:

- State of Nebraska Adult/ Child Abuse and Neglect Central Registry/er
- Law Enforcement Records
- The State of Nebraska Sex Offender's Registry
- The Nebraska Department of Motor Vehicles Nebraska Driver License Information System
- License Information System
- GSA website <http://epls.gov> for debarment actions by federal agencies and exclusion actions from Medicare, Medicaid or other federal programs through the Office of Inspector General at www.oig.hhs.gov/fraud/exclusions.asp

- ☐ I am applying to provide services OUTSIDE OF THE CLIENT'S HOME. Location: _____
If you will be providing services in your home or someone else's home, the Department requires background information on all members of that household including full names, previous names, birthdates and Social Security numbers on all persons living in that residence and any criminal background information. I understand this information is required in determining my approval as a service provider. **Complete page 3 if needed.**
- ☐ I am applying to provide services IN THE HOME OF A CLIENT.
No other persons will be involved in the provision of these services. Therefore, no other persons will need to be cleared with the Department in determining my approval as a service provider
- ☒ Agency/Assisted Living Employee: DHHS shall review employer policies regarding hiring and reporting to ensure that appropriate procedures regarding abuse/neglect are in place. In addition, employees will complete this form.

Name of Agency / Facility
Community Pride Care Center ALF

City
Battle Creek

Position

Date of Hire

Section II

NAME (Print):

First

Middle

Last

PREVIOUS NAMES:

(List All Previous Married, Maiden or Other Legal Names or Write NONE)

SOCIAL SECURITY #:

DATE OF BIRTH:

GENDER:

CURRENT ADDRESS:

List each residence in the last 10 years (Add rows as needed)

COUNTY

CITY

STATE

DATE

Section III

My Record of Felonies / Misdemeanors / Arrests and / or Convictions and any pending charges is as follows:

(List details including dates and disposition, i.e., Parole, Probation, Fine, Time Served, etc. OR "NONE") (Add rows as needed)

Offense	Date	City	State	Outcome

Section IV

NAMES AND BIRTHDATES OF CHILDREN THROUGH AGE 12 LIVING IN MY HOME:

Name	Date of Birth	Name	Date of Birth

Section V

I understand that Law Enforcement records may be obtained and reviewed at any time to determine the above statements. Any false statements may result in termination or denial of any independent contractors.

Signature

Date

Parent/Guardian Signature (Required if individual is under the age of 19 and not married)

Date

Instructions for Completing Form MC-199**PROVIDER RELEASE OF INFORMATION/FELONY MISDEMEANOR STATEMENT**

Form MC-199 is used to obtain information to complete background checks which are required for approval as a provider. This form is used to allow potential and renewing providers and/or their employees to self-disclose any current charges, pending indictments or any convictions they have had. Individual providers must complete the form every 12 months before their provider service agreement may be signed or renewed. For providers who provide the service in their home, each household member must also complete the form at the same time. Agency providers must have each employee complete this form annually.

COMPLETION:

- Section I: Check the appropriate boxes to indicate why the form is being completed and the type of individual completing the form. If the provider is an agency or assisted living facility, enter the name and city of the agency/facility, the position and date of hire of the individual employee who is completing the form.
- Section II: Enter individual's name, other names used (including other married names, aliases, etc.), Social Security Number, date of birth and all addresses where he/she has previously resided.
- Section III: List any record of current charge(s), pending indictment(s), or conviction(s) regarding misdemeanor or felony actions. This must include details, dates and disposition (e.g., parole, probation, incarceration, fine, community service, etc.). If person has no felonies or misdemeanors, write "none" in the "Offense" column.
- Section IV: List all children through age 12 living in the home.
- Section V: The form must be signed and dated by the individual. The parent/guardian must also sign and date the form if the individual is under 19, not emancipated, or if he/she has a legal guardian.

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com], another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

PLEASE PRINT LEGIBLY

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security #* _____ Date of Birth* (MM/DD/YYYY) _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

All Previous Addresses in the Last Seven Years _____

Signature _____ Date _____

*This information will be used for background screening purposes only and will not be used for any other purpose.