

Countryside Home Application for Employment

703 N Main St. Madison, NE 68748

Skilled Nursing Facility, Assisted Living & Rehabilitation & Aquatics Center

Personal Information

Last Name	First Name	Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Other Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Best time to contact you is: <input type="text"/>	Are you 16 years of age or over? <input type="radio"/> Yes <input type="radio"/> No	Can you show proof of your eligibility to work in the United States? <input type="radio"/> Yes <input type="radio"/> No
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Have you ever filed an application with us before? <input type="radio"/> Yes <input type="radio"/> No	If Yes, when? <input type="text"/>	Have you been employed with us before? <input type="radio"/> Yes <input type="radio"/> No	If Yes, when? <input type="text"/>
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Are you able to perform the essential function of the job you are applying for with or without reasonable accommodations? <input type="radio"/> Yes <input type="radio"/> No	Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No	If Yes, explain: <input type="text"/>
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Position you are applying for:

Education/Training

College/University

Name of School, City, State, Zip <input type="text"/>	Graduated? <input type="radio"/> Yes <input type="radio"/> No	Course Study or Major Field <input type="text"/>	Degree <input type="text"/>
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Nursing/Vocational

Name of School, City, State, Zip <input type="text"/>	Graduated? <input type="radio"/> Yes <input type="radio"/> No	Course Study or Major Field <input type="text"/>	Degree <input type="text"/>
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High School/GED

Name of School, City, State, Zip <input type="text"/>	Graduated? <input type="radio"/> Yes <input type="radio"/> No	Course Study or Major Field <input type="text"/>	Degree <input type="text"/>
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Other

Name of School, City, State, Zip <input type="text"/>	Graduated? <input type="radio"/> Yes <input type="radio"/> No	Course Study or Major Field <input type="text"/>	Degree <input type="text"/>
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Professional References: List at least two professional references.

Name:	Telephone:	Years Known:	Relationship:

Address:	City:	State:	Zip:

Name:	Telephone:	Years Known:	Relationship:

Address:	City:	State:	Zip:

Experiences: Please give a complete record of all employment. Start with your most recent.

Company Name:	Telephone:

Address:	City:	State:	Zip:

Employed From:	Employed Until:	Hours per week:	Hourly or Salaried Rate of Pay:

Job title and description of work:	Reason for seeking other employment:

Company Name:	Telephone:

Address:	City:	State:	Zip:

Employed From:	Employed Until:	Hours per week:	Hourly or Salaried Rate of Pay:

Job title and description of work:	Reason for seeking other employment:

Company Name:	Telephone:

Address:	City:	State:	Zip:

Employed From:	Employed Until:	Hours per week:	Hourly or Salaried Rate of Pay:

Job title and description of work:	Reason for seeking other employment:

Note: If you have additional experience, please note below:

May we contact your current employer to check references?

Yes No

Please give dates and reasons for gaps of employment:

Military Services:

Branch:

From:

To:

Rank/Pay Grade at Discharge:

Type of Discharge:

If other than honorable, explain:

Applicant's Statement:

I understand that any false or incomplete statements on this application or any other form that I complete shall be sufficient cause for rejection for employment or immediate discharge when discovered.

I authorize investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand if I am offered a position, it may be contingent on successfully passing a post-offer drug test, physical and criminal background check. All positions require various registry checks as well. See Countryside Home hiring Screening Policy and Procedure for New Employee.

Signature of Applicant:

Date:

We are an equal opportunity employer and do not discriminate because of race, creed, ancestry, color, religion, sex, national origin, age, marital status, veteran status or disability.

Policy Statement

This criteria is established to ensure that all new employees meet state standards for employment in a Nursing Home Facility and/or Assisted Living Facility. All requirements must be met before an employee begins employment at Countryside Home Nursing Facility and/or Assisted Living Facility.

Procedure:

1. All applicants will be checked by the State of Nebraska Adult Protective Services and Child Protective Services.
2. All applicants will have criminal background checks.
3. All applicants will be checked by Sexual Abuse Registry of Children and Adult.
4. All applicants will be screened for HHS-OIG exclusion status. This excludes individuals from all Federal care programs.
5. All applicants will have license reviewed when appropriate for the position.
6. All applicants will have driving records checked when appropriate.
7. All applicants will take a physical by a designated physician of Countryside Home; which will include a drug screen and TB screen.
8. All applicants will be screened initially and annually by filling out the form MIL TC-1500-AL. All care staff in the assisted living facility will file a felony misdemeanor form annually upon Medicaid waiver re-certification.