



BLUE VALLEY LUTHERAN HOMES

P.O. Box 166 Hebron, NE 68370-0166
Telephone 402-768-3900 Fax 402-768-3901

APPLICATION FOR EMPLOYMENT

Applying for employment: Courtyard Terrace _____ Care Home _____ Nursing Home _____

**A CRIMINAL BACKGROUND CHECK WILL BE DONE ON ALL EMPLOYEES WITH THE FOLLOWING AGENCIES:
STATE PATROL, HEALTH & HUMAN SERVICES ADULT & CHILD ABUSE/NEGLECT REGISTER**

Federal and State laws prohibit discrimination in employment because of sex, age, race, color, religion, marital status, national origin, ancestry, disability, handicap, or any other legally protected status. This institution is an equal opportunity provider, and employer.

PERSONAL INFORMATION:

NAME: _____
LAST MAIDEN NAME FIRST MIDDLE INITIAL

ADDRESS: _____
(STREET) (P.O. BOX) CITY STATE (ZIP CODE)

PHONE: _____ SOCIAL SECURITY #: _____
(INCLUDING AREA CODE)

If you are under 18 years of age, do you have a work permit: Yes _____ No _____

If not a U.S. Citizen, do you have the legal right to remain permanently and work in the U.S.?

YES _____ NO _____ Alien Registration # _____

ARE YOU ABLE TO PERFORM THE DUTIES AND RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING?
(JOB DESCRIPTION AVAILABLE UPON REQUEST) YES _____ NO _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? (Conviction will not necessarily disqualify an applicant from employment.) YES _____ NO _____

EXPLAIN: _____

EMPLOYMENT DESIRED:

POSITION APPLIED FOR: _____

SHIFT YOU CAN WORK: DAY _____ EVENING _____ NIGHT _____ Full Time _____ Part Time _____

DATE YOU COULD START: _____

HAVE YOU EVER APPLIED TO BLUE VALLEY LUTHERAN HOMES BEFORE: YES _____ NO _____

HAVE YOU EVER WORKED FOR BLUE VALLEY LUTHERAN HOMES BEFORE: YES _____ NO _____

WHEN: _____ SUPERVISOR: _____

REASON FOR LEAVING: _____

EDUCATION: (circle one)

HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8
(Grade School)

9 10 11 12
(High School)

1 2 3 4 5
(College)

NAME OF LAST SCHOOL ATTENDED: _____

VOCATIONAL OR TRADE SCHOOL: _____

Were you referred to this job? YES: _____ NO: _____ BY WHOM?: _____

REFERENCES: Please give the names of the three persons NOT RELATED TO YOU on the lines below.

Name	Address	Telephone Number	Years Acquainted With You
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

FORMER EMPLOYERS: List below your work experience, starting with your present or last place of employment.

Date Employed	Name, Address, & Telephone # of Employer	Name of Supervisor	Position And Salary	Reason for Leaving
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____	_____

MAY WE CONTACT YOUR CURRENT EMPLOYER AT THIS TIME? YES _____ NO _____

APPLICANT'S STATEMENT:

The above information is complete and true to the best of my knowledge. I understand that discovery of misrepresentation or omission of facts on this application will be cause for denial of employment or cause for immediate dismissal if I am hired. I authorize the company to contact any or all of my references for full information. If a conditional offer of employment is made I agree to take a physical examination, which includes drug and agility testing before beginning employment and at any time at the request of Blue Valley Lutheran Homes. Such physical examination will be at no personal expense to me, and I agree that the examining physician may disclose the findings to Blue Valley Lutheran Homes, or an authorized agent of the company. The physical exam will include an examination of my physical ability to properly perform the duties of the job for which I am applying, and may include a demonstration of how I might perform some of the job functions. The first three months of employment with Blue Valley Lutheran Homes will be considered an introductory period, during which I will not be eligible for fringe benefits. After three months of continuous employment, I may be considered an "at will" (Which means that an Employee may resign at anytime and the Employer may discharge an employee at any time with or without cause.) employee, eligible for benefits.

APPLICANT'S SIGNATURE

DATE

This application for employment shall be considered active for a period of 45 days from the date this application is received.

VOLUNTARY DATA RECORD SURVEY

(PLEASE PRINT)

DATE: _____

(Applicants and employees are treated equally, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status. At the time, as an employer with an affirmative action program, we comply with government regulations, including affirmative action responsibilities and reports where they apply.

Government agencies periodically require reports on the status of protected employees. The purpose of this Voluntary Data Record is to comply with government record-keeping, reporting and other legal requirements. These data are for statistical analysis with respect to the success of the organization's affirmative action program only.

Completing this Voluntary Data Record Survey is optional. All data records are kept in a confidential file and are not a part of your application for Employment or Personal File.)

NOTE: THE DECISION TO SUBMIT THIS INFORMATION IS VOLUNTARY.

JOB TITLE: _____

Check One: Male: _____ Female: _____

Age: _____ Vietnam Era Veteran: _____ Disabled Veteran: _____ Disabled: _____

Check one of the following (ethnic/racial background):

White: _____ Hispanic: _____ Native American/Alaskan Native: _____ Black: _____

Asian/Pacific Islander: _____ Other: _____

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name	Fax Number
Address	Phone Number

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Full Legal Name (applicant)

Address	City/State	Zip
Date of Birth	Social Security Number	

Other names previously used such as former married names, maiden name and nick names.

Names and birth dates of your children and children who have lived with you.

Any Address at which you have resided during the past 20 years.

Signatures and Dates

Print full legal name

Signature

Date



DISCLOSURE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

DISCLOSURE: Blue Valley Lutheran Homes Society may now, or at any time while employed, verify information within the application, resume or contract for employment by obtaining a consumer report and/or investigative consumer report from a consumer reporting agency.

A photocopy or telephonic facsimile (Fax) of this Disclosure/Authorization and Release shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to your application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

AUTHORIZATION. I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above, in conjunction with my application for employment.

I authorize any agency, reference, employer, state or federal agency, school, university institution, or other agency that maintains information pertinent to my employment to furnish any and all information requested by Blue Valley Lutheran Homes Society or its agent Hirease, Inc. or Hirease's agents.

Signature: _____

Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY (PLEASE PRINT OR TYPE)

Form with fields for Applicant Name, Current Address, Social Security Number, Sex, Race, Driver's License No., State of Issue, Month, Day and Year of Birth, Educational Institution, Location, Name Attended Under, Degree Awarded, Dates of Attendance/Graduation, Professional License, State Issued, License Number, Issue Date, Expiration Date. Includes checkboxes for YES/NO and a notice to New York Applicants.

Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license(s) or certification(s)?

Have you ever been convicted of any criminal violation of the law other than a minor traffic violation or are you now under pending investigation or charges?

*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.