



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.

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: _____

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Division of Children and Family Services

State of Nebraska
Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

The State of Nebraska approved this form, any alteration will invalidate it.

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: Blue Valley Lutheran Homes Society___(402) 768-3901
Please do not use abbreviations

Address and Phone Number: PO Box 166, Hebron, NE 68370___(402) 769-3900

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.

Print Full Legal Name: (applicant)_____

Signature (applicant)

Date

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

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

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

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

APPLICANT INFORMATION (Please Print)

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Social Security Number:	Former Address: (1)
Sex: Race:	City: State: Zip:
Driver's License No.: State of Issue:	Former Address: (2)
Month, Day and Year of Birth: Place of Birth: (City, State, Country)	City: State: Zip:

Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR VOLUNTEER/STUDENT APPLICANTS.

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for your assignment, resume or during the course of your assignment, if any.

The Applicant acknowledges that this company may now, or at any time while acting as a volunteer/student on behalf of this company, verify information within the application, resume or contract for student/volunteer services. The verifications and/or checks may include but not limited to: driving record, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Nebraska or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine assignment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for student/volunteer services, 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. Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for student/volunteer purposes, including any future decisions concerning your student/volunteer services. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT

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 student/volunteer services. I further understand this consent will apply during the course of my student/volunteer status, that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of student/volunteer services is true and complete to the best of my knowledge. I understand that if I am asked to volunteer, any false statements will be considered as a cause for possible dismissal.

I authorize Hirease, Inc. and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge This Company, our agent, Hirease, Inc. and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

Applicant Signature

Date

Applicant Name Typed or Printed



Fax to (910) 693-1785