

Are you lawfully employable in the United States either by virtue of citizenship or by having authorization from the INS and the Department of Labor? Yes No

NOTE: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon the documentation and statement which we will request from you.

Do you have a valid Nebraska driver's license? Yes No

PRIOR EMPLOYMENT

List your last four jobs, beginning with the most recent. (Omit dates for jobs held more than five years ago).

1. Employer name/address/phone _____

Job Title _____ Duties _____
Dates employed _____ to _____ Salary/Bonus _____
What you liked most about job _____
What you liked least about job _____
Reason for leaving _____

2. Employer name/address/phone _____

Job Title _____ Duties _____
Dates employed _____ to _____ Salary/Bonus _____
What you liked most about job _____
What you liked least about job _____
Reason for leaving _____

3. Employer name/address/phone _____

Job Title _____ Duties _____
Dates employed _____ to _____ Salary/Bonus _____
What you liked most about job _____
What you liked least about job _____
Reason for leaving _____

4. Employer name/address/phone _____

Job Title _____ Duties _____
Dates employed _____ to _____ Salary/Bonus _____
What you liked most about job _____
What you liked least about job _____
Reason for leaving _____

EDUCATION AND TRAINING

List high school, technical or trade school, college, and post-graduate education, if any.

	School/College	Level Completed	Degree	Major/Subjects
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

OTHER SKILLS

Describe any computer, office machine, tool or equipment skills and proficiency level: _____

Describe any other special skills or qualifications which may help you in the position applied for: _____

List all professional licenses or certificates held, including any State license(s). Please list the license or certificate type, dated issued, and license or certificate number: _____

List any relevant professional or business organizations to which you belong (Optional): _____

REGULATION INFORMATION

Have you been subject to sanctions or exclusions under the Medicare or Medicaid Programs and/or have you been convicted of violation of other laws? No Yes, as follows: _____

REFERENCES

Please list two professional references (previous or current co-workers, classmates, teachers, etc.) and one personal reference, other than prior employers or relatives, whom we can contact.

- | | |
|--|----------------------|
| 1. Name _____ | Phone # () _____ |
| How long have you known this person? _____ | Occupation _____ |
| 2. Name _____ | Phone # () _____ |
| How long have you known this person? _____ | Occupation _____ |
| 3. Name _____ | Phone # () _____ |
| How long have you known this person? _____ | Occupation _____ |

BUTLER COUNTY HEALTH CARE CENTER

Applicant Name

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Butler County Health Care Center to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide Butler County Health Care Center with all requested information and references, and to cooperate fully with the investigation.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Butler County Health Care Center has the authority to make oral contracts of employment. If hired, my employment relationship with Butler County Health Care Center is terminable at-will, with or without cause, by either myself or Butler County Health Care Center.

I also understand that my employment may be conditioned upon a favorable health evaluation including drug screening, which may include a medical examination by a physician selected by this employer, to which I hereby consent.

I understand and agree to all the conditions and statements set forth above, and throughout this application.

Signature of Applicant

Date and Time

a.m.
p.m.