

Custer Care



1020 South 2nd Avenue
Broken Bow, NE 68822
(308) 872-6303
Fax (308) 872-2677
www.custercare.com

Notice to Applicant:

This facility does not discriminate on the basis of age, gender, race, religion, national origin, or disability. The facility does require applicants to be able to perform the job for which the applicant is being considered. Nebraska law requires the facility to perform a criminal background check and registry checks on all direct care staff. It is the policy of this facility to not hire direct care staff with criminal histories involving violence, abuse, neglect, or misuse of others property. State law also requires every staff person to complete a health history screen. This facility may require a physical examination by a health care professional based on the results of the screen.

Demographics:

Name _____ Social Security No. _____ - _____ - _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone _____ Fax _____ Email _____

Position applying for _____

Preferred Shift:

Day Evening

Night

Preferred No. Hours:

Full time Part time Temporary

Employment History:

Have you previously worked for this facility or organization? Yes No Dates _____

Have you served in the military? Yes No

How did you hear about this position? _____

Are you over 18 years of age? Yes No Employment may be subject to child labor laws.

Are you a U.S. Citizen? Yes No If not, are you able to legally work in the U.S.? Yes No

Alien Registration Number _____

Have you ever been convicted of a crime? Yes No If yes, list convictions and dates:

Who was your last employer?

(Name)

Last employer's location

(Address) (City) (State)

Reason(s) for leaving

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Other Former Employers:

Name/Address	Contact Person/Phone	Dates	Reason For Leaving	Ok To Contact Yes or No
		From: To:		
		From: To:		
		From: To:		
		From: To:		
		From: To:		

Education:

Highest grade completed _____ Degree/diploma _____

Other training _____

Licenses/certifications _____

Honors/extracurricular activities during school _____

Other professional organizations, honors, and community involvement you feel contributes to your job qualifications _____

Personal References:

Name	Address	Phone	Relationship

Employment Agreement

I give this facility permission to contact previous employers and personal references and release from all liability all individuals or companies providing such information. I understand my employment and/or continued employment may be dependent upon the results of background checks and a physical examination. I understand my employment may be terminated for any dishonesty in completing this form.

(Applicant Signature)

(Date)