

LOUISVILLE CARE COMMUNITY
410 West 5th Street
Louisville, NE 68037-6006

APPLICATION FOR EMPLOYMENT

All information will be treated confidentially. Your application will remain under active consideration for sixty (60) days from the date it is filed. It will then become inactive unless you notify this facility that you want to remain under consideration.

The use of this application form does not indicate that there are any positions open and does not in anyway obligate you or the Louisville Care Community.

JOB INTEREST

Position Applied For: _____

- Full Time
- Part Time
- Casual

Date Available for Work _____

What Hours Are You Available To Work? _____

Louisville Care Community is an equal opportunity employer and hires qualified individuals without regard to race, color, sex, age, national origin, religion, disability, or status as a Vietnam era veteran, special disabled veteran, recently separated veteran, or veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, or any other protected classes.

PERSONAL:

Print Name:

_____ (Last) (First) (Middle)

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

Telephone No: (____) _____ Social Security #: _____

Are you at least 18 years of age? YES NO

EDUCATION:

| NAME (S) OF EDUCATION INSTITUTIONS | LOCATION | MAJOR | HIGHEST GRADE OR DEGREE COMPLETED |
|------------------------------------|----------|-------|-----------------------------------|
| HIGH SCHOOL | | | |
| COLLEGE OR UNIVERSITY | | | |
| TRADE OR VOCATIONAL | | | |
| BUSINESS OR OTHER | | | |

SPECIALIZED TRAINING:

List all licenses, areas of certification or any other special training: _____

_____.

Licenses and Certifications (licensed professionals, medication aides and nurse aides:)

| | |
|--|--|
| LICENSE INFORMATION: TYPE | |
| DATE ISSUED: | |
| LICENSE NO: | |
| STATE ISSUED: | |

| | |
|--|--|
| Certification Information: Type | |
| DATE ISSUED: | |
| TRAINING COMPLETED AT: | |
| STATE ISSUED | |

Have you ever been convicted of any crime, rather it be a felony or misdemeanor, other than a minor traffic violation? YES NO

If yes, please list crime, date of conviction, county and state of conviction, and sentence or other disposition: _____

(A record of a conviction of a crime will not necessarily disqualify you from consideration for employment.)

Have you ever been convicted in a court of law of a crime involving abuse, neglect or mistreatment of an individual? YES NO

Have you previously worked for The Louisville Care Community? YES NO

If yes, please indicate time period and position you worked at The Louisville Care Community:

PAST EMPLOYMENT:

Please indicate a continued record of employment, beginning with your **most recent** position. Include what you have done for the last 5 years, or from the time you left school. If you need additional space, please attach another sheet.

| Employer's Name | From Mo/Yr | To Mo/Yr | Address and Phone Number | Job Title and/or Duties | Reason for Leaving |
|-----------------|--------------|----------|--------------------------|-------------------------|--------------------|
| #1 | | | | | |
| Supervisor | Rate of Pay: | | | | |
| #2 | | | | | |
| Supervisor | Rate of Pay: | | | | |
| #3 | | | | | |
| Supervisor | Rate of Pay: | | | | |
| #4 | | | | | |
| Supervisor | Rate of Pay: | | | | |
| #5 | | | | | |
| Supervisor | Rate of Pay: | | | | |

If you are currently employed, may we contact your present employer? Yes No

REFERENCES:

Please list the names of three persons not related to you and whom you have known at least one year.

NAME ADDRESS PHONE

1. _____
2. _____
3. _____

PLEASE READ THIS SECTION BEFORE SIGNING!

FALSIFICATION OF RECORDS

I completed this application and I certify that the information in this application is correct to the best of my knowledge. I understand that falsification of this application or omission of requested information in any detail is grounds for disqualification from further consideration or for dismissal from employment.

EMPLOYMENT AT WILL

I will follow the rules and regulations of the Louisville Care Community as communicated to me. I understand that in no event shall my hiring be considered as creating a contractual relationship between myself and the Louisville Care Community. Unless otherwise provided in writing, the employment relationship shall be defined as "employment at will," and either party may dissolve the relationship without cause. I further understand that no employee or supervisor, except the Administrator or designee, has the authority to enter into any agreement or contract of employment for any specific terms of employment such as length of service, future salary increases or agreement contrary to this application. Furthermore, I understand that any such agreement entered into by the Administrator or designee will not be enforceable unless it is in writing.

CONDITIONAL OFFER OF EMPLOYMENT

If I receive a conditional offer of employment, I understand that I may be the subject of drug screening, criminal background study and/or physical screening and evaluation. I hereby consent to such screening and record checks.

PROOF OF RIGHT TO WORK

If I am offered a position with this center, I understand that as a condition of employment I will be required to prove identity and right to work as required by the Immigration Reform and Control Act of 1986.

PARTICIPATION IN GOVERNMENT PROGRAMS

I agree to inform my supervisor or Administrator if I become subject to exclusion from any Federal or State Health Care Program [as defined by 42 U.S.C. 1320a-7] as a vendor, provider or employee or contractor of a participating provider or if I become aware that I may be subject to such exclusion.

RELEASE OF INFORMATION

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize the Louisville Care Community to (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; and (3) discuss the results of any investigation with other employees of the Louisville Care Community involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application, and I release each such person from liability for providing information to the Louisville Care Community.

FAIR TREATMENT PROGRAM

As a term and condition of my employment, and unless covered by an individual employment contract or a collective bargaining agreement with different dispute resolution provisions, I agree to waive my right to a jury trial in any action or proceeding related to my employment with the Louisville Care Community. I am doing so voluntarily and knowingly. I understand that I have the right to consult with counsel before signing this document. I agree that all claims and disputes relating to my employment with the Louisville Care Center shall be decided by a mediator or arbitrator selected in accordance with the rules and procedures established by the national Arbitration Forum.

Applicant Signature

Date

Louisville Care Community

Featuring Long Term Care and Assisted Living Services

**410 West 5th Street
Louisville, NE 68037-6006**

**Phone 402-234-2125
Fax 402-234-2431**

Background Inquiry Authorization Release Form

I do hereby give permission to the Louisville Care Community to do a criminal background check on me. I understand they may utilize records from the Cass County Sheriff's Department, State Highway Patrol or other such organizations. I also understand that the Louisville Care Community obtains information from the Adult and Child Abuse Registries. I understand that if employed by Louisville Care Community that my continued employment is contingent upon the findings of these background checks.

Full Name – Printed

Signature

Date of Birth

Witness