

# SHEPHERD'S CARE EMPLOYMENT APPLICATION

## An Equal Opportunity Employer APPLICATION FOR EMPLOYMENT

We consider applicants for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. We will give this application every consideration. However, in accepting it, Shepherd's Care makes no commitment of employment to the applicant.

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please let us know if you need an accommodation to complete the application process.

It is also the policy of this organization to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a background check and fingerprinting done by the State of Nebraska.

Print Name: \_\_\_\_\_  
Last
First
MI

Address: \_\_\_\_\_  
Street/P.O. Box
City
State
Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Are you 18 years of age or older?      Yes      No

If hired, can you provide written evidence that you are authorized to work in the U.S.?      Yes      No

Have you filed an application here before?      Yes      No      If yes, give date:

Have you ever been employed here before?      Yes      No      If yes, give date:

Are you employed now?      Yes      No      May we contact your present employer?      Yes      No

Are you on lay-off and subject to recall?      Yes      No

If hired, what date would you be available for work?

Are you available to work: \_\_\_ Full-Time \_\_\_ Part-Time      What days?      M      T      W      T      F

Have you been convicted of a felony?      Yes      No

(Conviction will not necessarily disqualify applicant from employment. The recency, severity and pertinence of the conviction to the job will all be considered). If yes, please explain:

### EDUCATION

SCHOOL	NAME/LOCATION	COURSE OF STUDY	YEARS COMPLETED	TITLE OF DIPLOMA OR DEGREE
HIGH SCHOOL			1 2 3 4	
COLLEGE			1 2 3 4	
GRADUATE STUDY				
OTHER				

**Describe any specialized training, apprenticeship, skill and extra-curricular activities including professional, trade, business, or civic activities and offices held.**

You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

**Other Qualifications**

**Summarize special job-related skills and qualifications acquired from employment or other experience.**

**EMPLOYMENT RECORD**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, gender, national origin, or other protected status.

Employer:	Dates Employed		Work Performed
Address:	Started	Left	
Telephone:			
Job Title:	Rate of Pay		
	Starting:		
Supervisor:	Ending:		
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address:	Started	Left	
Telephone:			
Job Title:	Rate of Pay		
	Starting:		
Supervisor:	Ending:		
Reason for Leaving:			

**REFERENCES (Do not include relatives)**

Name	Phone#	Address	Best Time to Contact	Years Known
1.				
2.				
3.				
4.				

**APPLICANT'S STATEMENT**

I authorize the investigation of all statements contained in this application for employment including my work and personal history and verification of all data given on this application, on related documents and in interviews as may be necessary in arriving at an employment decision and release from all liability any persons or employers supplying such information. I also release Shepherd's Care from all liability that might result from making the investigation.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. **I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.**

I agree, if I am offered and accept a position, to conform to all existing and future Shepherd's Care rules and regulations and I understand that Shepherd's Care reserves the right to change wages, hours and working conditions as deemed necessary. **I also understand that if hired, employment may be terminated by either party. I understand that should I decide to resign, two weeks notice is required. Should Shepherd's Care decide to terminate my employment they will provide a verbal and written warning prior to termination.** This policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Director. I also understand that this application is not an employment contract.

I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

This application for employment shall be considered active for a period of time not to exceed one year.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.

Your Signature:

Date: