

**APPLICATION FOR EMPLOYMENT**



**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 at the facility's expense.

**Demographics**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Caring Friends In Home Care

**APPLICATION FOR EMPLOYMENT**

**Other Former Employers**

Name/Address	Contact Person/Phone	Dates	Reason For Leaving	Confirmed Date- Y/N	Initials
		From: To:			
		From: To:			
		From: To:			
		From: To:			
		From: To:			

FOR OFFICE USE ONLY

**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 employer 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)



**APPLICANT DISCLOSURE AND AUTHORIZATION FORM**  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

**DISCLAIMER:** This document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the attached state notices to ensure your compliance with applicable state laws related to background screening and consumer notices and disclosures.

**DISCLOSURE REGARDING OSCC BACKGROUND INVESTIGATION**

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for the purpose of gaining site access to One Source Certified Contractors (OSCC) site locations. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security search, motor vehicle records ("driving records"), or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report conducted by [One Source The Background Check Company, PO Box 24148, Omaha, NE 68124, 1.800.608.3645, www.onesourcebackground.com]. The scope of this notice and authorization is allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your OSCC program participation for site access to the extent permitted by law.

**AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I further authorize One Source The Background Check Company ("One Source"), or their agents, to act as a third-party administrator between me and the companies who engage One Source for the purpose of gaining access to any OSCC sites, and determining whether the minimum requirements for compliance with companies' minimum background requirements are met. I authorize One Source to collect and use my personal information, including but not limited to: drug screen(s), driving report, and/or criminal history. I understand that the personal information detailed above will not be shared with the companies. Instead, One Source will provide a unique identification number to myself and to The Company. I hereby authorize One Source to disseminate PASS/FAIL, name, company name, and expiration date to any and all users of OSCC via the web. One Source will match my applicant profile with companies' requirements to generate a "Meets Requirements" or "Does Not Meet Requirements" result. The only information provided to sites is my unique One Source Certified Contractor identification number along with a report stating whether my qualifications meet or fail to meet specific companies' requirements.

**PLEASE PRINT LEGIBLY**

*This information will be used for background screening purposes only and will not be used for any other purpose*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Other Names/Alias: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_  
Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All Previous Addresses in the Last Seven (7) Years

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR ONGOING SCREENING**  
**[IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]**

**DISCLOSURE REGARDING ONGOING SCREENING**

The Company (“The Company”) reserves the right to obtain information about you from a Consumer Reporting Agency during the course of your OSCC program participation for site access. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” (as described in “Disclosure and Authorization” on the previous page) for the purpose of continued participation in the OSCC program. This not only includes annual / biannual ongoing screening, but covers random screening of OSCC pool participants as well. This authorization shall remain in force for the entire duration of our OSCC program participation for site access and will only terminate with the termination of your OSCC program participation.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING ONGOING SCREENING, the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, and A SUMMARY OF YOUR RIGHTS UNDER THE FCRA and certify that I have read and understand these documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after the receipt of this authorization and throughout my employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_