



# Job Application

Human Resources Department  
220 S 26th St  
Ord, NE 68862

[rkozeal@valleyviewseniorvillage.com](mailto:rkozeal@valleyviewseniorvillage.com)

This application can be active as long as legally required.

## GENERAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number	Today's Date
Present Address	Present City		Present State & Zip	Home Phone
E-mail Address	Are you at least 18 years old?		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone
Previous Address	Previous City		Previous State & Zip	Are you related to another VVSV employee?

## POSITION INFORMATION

Open Position(s) for Which you Are Applying		Type of Position	Shift	How did you learn about this position?
1.		<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Day <input type="checkbox"/> Weekend	<input type="checkbox"/> Current Employee
2.		<input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem	<input type="checkbox"/> Evening <input type="checkbox"/> Rotation	<input type="checkbox"/> Job Listing
3.		<input type="checkbox"/> PRN <input type="checkbox"/> Pool	<input type="checkbox"/> Night <input type="checkbox"/> Other	<input type="checkbox"/> Job Line
Date Available For Work	Salary Requirement	Are You Willing To Travel?	Are You Willing To Relocate?	<input type="checkbox"/> Internet
				<input type="checkbox"/> School
If overtime work is required periodically, does this pose a problem for you?		If hired, can you provide proof of your eligibility to be employed in the United States?		<input type="checkbox"/> Agency
				<input type="checkbox"/> Ad
				<input type="checkbox"/> Other _____
Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a feerally funded health program?				Are you related to another facility employee?
Have you ever worked in this or any other healthcare facility?		If Yes, what facility?		Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?
Are you able to perform the essential, job-related functions of the position for which you are applying with or without accommodations?				
Describe any accommodations necessary:				It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

## EDUCATION

Type of	Name of School	City, State	Laste Grade Attended	Degree or Certificate
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated?	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated?	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated?	
Graduate School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated?	
Other			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated?	
Other			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated?	

<p>Clerical or other skills applicable to the position for which you are applying:</p> <p><input type="checkbox"/> Typing, words per minute _____</p> <p><input type="checkbox"/> Software-please list: _____</p> <p><input type="checkbox"/> Business machines/equipment _____</p> <p>Please list any skills you wish considered. Include skills with equipment or machines you operate, special computer knowledge, laboratory techniques, etc:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Please list any professional licenses, registration or certification you possess (include Driver's License, if applicable):</p> <p>Include Type, State Issued, Expiration Date and Number. Indicate if any licenses have been revoked, suspended or placed on probation. Also indicate if you are ineligible to become licensed or certified in your field. Please explain.</p>
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## WORK HISTORY and REFERENCES

1. Company		Adress		Phone Number		May we contact?	
		City State					
Job Title		Salary		From (MM/YYYY)		To (MM/YYYY)	
Shift	Full Time	Part Time	PRN	Hours Per Week	Immediate Supervisor		Name While Employed
Nature of Duties:					Reason for Leaving:		
2. Company		Adress		Phone Number		May we contact?	
		City State					
Job Title		Salary		From (MM/YYYY)		To (MM/YYYY)	
Shift	Full Time	Part Time	PRN	Hours Per Week	Immediate Supervisor		Name While Employed
Nature of Duties:					Reason for Leaving:		

3. Company				Address		Phone Number		May we contact?	
				City		State			
Job Title				Salary		From (MM/YYYY)		To (MM/YYYY)	
Shift		Full Time		Part Time		PRN		Hours Per Week	
Immediate Supervisor						Name While Employed			
Nature of Duties:						Reason for Leaving:			

4. Company				Address		Phone Number		May we contact?	
				City		State			
Job Title				Salary		From (MM/YYYY)		To (MM/YYYY)	
Shift		Full Time		Part Time		PRN		Hours Per Week	
Immediate Supervisor						Name While Employed			
Nature of Duties:						Reason for Leaving:			

Professional References (other than relatives). List at least two references. References should have good knowledge of your work.

Name	Position	Address (included city, state, & zip code)	Phone	Years Known
1.				
2.				
3.				
4.				

## CRIMINAL HISTORY

Have you ever been convicted of ANY crime in the last 7 years? (Conviction will not necessarily disqualify applicant from employment consideration)

NO  YES  If YES, please explain:

Disclose ALL misdemeanors and felonies (including DUI, MIP, etc., but not minor traffic offenses.  
 Note: Omitting information or failure to disclose may disqualify you from consideration.

Are you presently charged with any violation of the law?

NO  YES  If YES, please explain:

# CONDITIONS and RELEASES

Please Review and Acknowledge That You Understand The Following.

In making application for employment:

We are an equal opportunity employer and do not unlawfully discriminate on the basis of race, color, religion, national origin, marital status, age, gender, disability, or veteran status. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment and that I am subject to immediate discharge without recourse.

I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECIEVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.

I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination. Compliance with this facility's Substance Abuse Policy is a condition of employment. This facility requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with facility policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application for employment or termination of employment with the employer exclusively by final and binding arbitration and before a neutral Arbitrator and in accordance with the rules and procedures for employment disputes adopted by the employer. Such claims shall include those that could be brought in a court of law under any applicable federal, state or local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Family and medical Leave Act, state civil rights acts, the law of contract and the law of tort.

Release Authorization:

In consideration of my application, I authorize Valley View Senior Village by and through ACCURATE Now to verify all data given by me on application, related papers or oral interviews. I understand a thorough investigation may be conducted, and my employment may be contingent upon, which may include but not be limited to criminal history, motor vehicle driving record, education verification, employment history, credit report, Workman's Compensation Claims and other applicable reports. Furthermore, I release all agencies, bureaus, employers, information service organizations, and individuals or companies named in this application from all liabilities or damages that might result from information provided in good faith. I state that the information provided by me on this application is accurate and I agree that if any information is found to be false at any time, my application may be discarded or my employment terminated. I understand that the information requested regarding sex and age are for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of the law. \*\*A facsimile (FAX) or photocopy of this authorization shall be as valid as the original

\*\*ACCURATE Now Inc. fully complies with the Fair Credit Reporting Act and the ADA.

## Release Information

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

List any other names previously used such as former married names, maiden names or nicknames: \_\_\_\_\_

List addresses at which you have resided during the past 7 years: \_\_\_\_\_

**Applicant's Full Name: (please print)**

**Date Prepared:**

**Applicant's Signature**

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