

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

**CONFIDENTIAL**

This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, however its receipt does not imply that the applicant will be employed.

**PERSONAL INFORMATION**

Date of Application \_\_\_\_\_

Date Available \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(If different than Present Address) Street City State Zip

Phone Number \_\_\_\_\_

If you cannot be reached at above number, where may we contact you? Name of Person \_\_\_\_\_ Phone \_\_\_\_\_

Are you a citizen of the U.S.A?  Yes  No If no, type of visa \_\_\_\_\_ Immig. No. \_\_\_\_\_

**EMPLOYMENT DESIRED**

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of : Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_ May We Contact Your Current Employer? \_\_\_\_\_

If No, Why? \_\_\_\_\_

How Did You Learn of This Opening? \_\_\_\_\_

Are You 18 Years of Age or Older? \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED 8 9 10 11 12 13 14 15 16

SCHOLASTIC HONORS RECEIVED \_\_\_\_\_

	Name of School	Location (City, State)	Courses Taken	Diploma, Degree or Certificate Received
Grammar or Grade School				
High School				
College				
Vocational or Business				
Nursing Education				
Laboratory or X-Ray Training				

Extracurricular Activities While in School \_\_\_\_\_

Member of Professional Organizations \_\_\_\_\_

Honors Received, Volunteer or Community Service Or Other Qualifications You Have Which You Feel Are Related to the Position for Which You Are Applying : \_\_\_\_\_

Have You Ever Been In the U.S Armed Forces? \_\_\_\_\_ What is Your Present Selective Service Classification? \_\_\_\_\_ Are You Presently a Member Reserves or National Guard? \_\_\_\_\_ If So, When is Your Enlistment Up? \_\_\_\_\_

<b>PROFESSIONAL LICENSES AND/OR CERTIFICATIONS</b>				<b>VERIFICATION</b>
Type	Organization or State Issued	Date Issued	Number	
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**EMPLOYMENT RECORD** (List last or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties	Reason for Leaving
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting	_____ _____ _____	_____ _____ _____
	To	Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting	_____ _____ _____	_____ _____ _____
	To	Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting	_____ _____ _____	_____ _____ _____
	To	Ending		
Name _____ Address _____ Supervisor's Name _____ Phone _____	From	Starting	_____ _____ _____	_____ _____ _____
	To	Ending		

Please explain all periods of unemployment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

\_\_\_\_\_ Last First MI

Have you ever been convicted of a crime? \_\_\_\_\_ If so, for what, when and where? \_\_\_\_\_

USE THIS SPACE TO GIVE US FURTHER INFORMATION WHICH WILL ASSIST US IN PLACING YOU, INCLUDING AT LEAST TWO PERSONAL REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

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

**DO NOT ANSWER QUESTIONS IN SHADED AREA—TO BE COMPLETED AFTER EMPLOYED**

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_ Number and Ages of Children \_\_\_\_\_

Notify in Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

What Language (s) (Other than English) Do You Speak? \_\_\_\_\_



**Franciscan Care Services, Inc.**  
 430 N. Monitor St.  
 West Point, NE 68788-1595  
 (402) 372-2404

# Employee Reference and Employment Verification

**To be Completed by Applicant**

**Type of Reference (check one)**

\_\_\_\_\_  
 Current or Past Employer Name

\_\_\_\_ Work

\_\_\_\_\_  
 Employer Street Address

\_\_\_\_ School

\_\_\_\_ Personal

\_\_\_\_\_  
 Employer City State Zip

Name used while employed: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position held while employed: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

I hereby authorize and release from liability any hospital, company, or institution with whom I have been associated to provide all information as requested concerning my experiences or abilities.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for at **Franciscan Care Services** \_\_\_\_\_

**To Be Completed by Former Employer, School or Personal Reference**

Is the above information correct \_\_\_\_ Yes \_\_\_\_ No

If No, please explain \_\_\_\_\_

Please rate the following:	Excellent	Good	Fair	Poor
Initiative				
Compatibility				
Dependability				
Attitude towards work / training				
Quality of work				
Quantity of work				
Job Knowledge				
Attendance				

**If applicable** Was termination voluntary? \_\_\_\_ Yes \_\_\_\_ No Would you re-employ? \_\_\_\_ Yes \_\_\_\_ No

If No, please explain \_\_\_\_\_

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

Title \_\_\_\_\_

We appreciate your assistance to provide the above information. This information will be held in confidence.

Thank you.  
 Human Resources Director

**Information regarding the Post Job Offer Screen**

All applicants following an offer of a position with Franciscan Care Services, Inc. will be required to submit to a Post Job Offer Screen. This screen consists of a series of physical exercises that are in direct relationship to the physical demands of the position offered. The screen also consists of a Urine Test to screen for Drug/Alcohol use.

Your signature below indicates that you have been informed that these screens are a requirement of your acceptance of a position with Franciscan Care Services, Inc. and that if any or part of this screen indicates that you are unable to safely perform the essential functions of the position offered, the offer of a position may be rescinded.

Federal law obligates us to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

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Signature

Date

**ACTIVE TIME PERIOD**

All solicited and unsolicited applications are kept for a period of one year. It is recommended that if you wish to be considered for positions other than the one meant for on the original application, a follow up letter, email or phone call would be appreciated.

**SOCIAL SECURITY NUMBER**

For your protection we have removed the need for your Social Security Number on the application. However, if you are hired a copy of your Social Security Card will be requested.

**PRIOR EMPLOYMENT WITH FCS, INC.**

Please state all periods of prior employment with Franciscan Care Services, Inc.

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Dates of employment

Position held

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Dates of employment

Position held

**DISCLAIMER**

I have read the entire employment application and have completed it in its entirety. I understand that this application is not a contract of employment and that if employed, I will be an employee at will.

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Signature

Date