



**Good Shepherd**  
Lutheran Community

## Employment Application

### Notice to Applicants

This facility does not discriminate on the basis of age, gender, race, religion, national origin or disability other than those related to the ability 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 other's 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 facilities expense. Dishonesty in completing this form is reason for immediate dismissal.

### Demographics

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

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

Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

Position Applied For \_\_\_\_\_ Hours:  Day  Evening  Night  
 Full Time  Part Time  Temporary

### Employment History

Have you previously worked for this facility?  Yes  No Date \_\_\_\_\_

Have you served in the military?  Yes  No Type of Discharge \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Are you over 18 years of age?  Yes  No

Are you a U.S. Citizen?  Yes  No

If not, are you able to legally work in the U.S.?  Yes  No Alien Reg. # \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, list convictions and dates: \_\_\_\_\_

Who is your current or last employer? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**FORMER EMPLOYERS**

Name/Address	Contact Person/Phone	Date	Reason For Leaving

**Education**

Highest grade completed: \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

Other training: \_\_\_\_\_

Licenses/Certifications held: \_\_\_\_\_

Honors/Extra curricular activities during school: \_\_\_\_\_

Other professional organizations, honors, and community involvement you feel may contribute to your job qualifications: \_\_\_\_\_  
 \_\_\_\_\_

**Personal References**

Name	Address	Phone	Relationship

**Employment Agreement**

I give this facility permission to contact previous employers 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

PLEASE FILL OUT COMPLETELY AND LEGIBLY

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registries. A check of these registries is necessary to ensure that I meet provider standards. One copy of this form will be sent to the Adult Registry and one will be sent to the Child Protective Service Registry, as they are two separate areas.

The purpose of this check will be to determine if my name is being maintained on either registry as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release information contained on the Adult or Child Protective Services Central Registry including the information that a record has been found to:

GOOD SHEPHERD LUTHERAN COMMUNITY

(Agency/Facility Name)

2242 WRIGHT STREET BLAIR, NE 68008 (402)426-1988

(Complete Agency Address and Fax Number)

\_\_\_\_\_  
(Signature of Applicant/Employee)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Printed or Typed Name of Applicant/Employee)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
Other Names Used  
(Please Print or Type)

\_\_\_\_\_  
Other Addresses in Past Twenty(20) Years  
(Please Print or Type)

\_\_\_\_\_  
Names of Children Who Have Lived With You  
(Please Print or Type)

\_\_\_\_\_  
(Applicants Date of Birth)

\_\_\_\_\_  
(Current Street Address/City/Zip-Do Not use a PO Box#)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Date Witnessed)

This release becomes void ninety (90) days after signature by Applicant/Employee

# APPLICANT COMPLETES

## **Release Authorization**

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information for public and private sources about my worker's compensation injuries, driving record, court record, education, credentials, credit and references.

Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information. I acknowledge that facsimile (FAX), photographic copy or email shall be as valid as the original.

**I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by One Source, a division of Jasa Investigative Services, Inc. or its agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request.**

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

### PLEASE PRINT

\_\_\_\_\_  
Last Name                      First                      Middle (Required)

\_\_\_\_\_  
Other LEGAL names you have used

\_\_\_\_\_  
Home address                      City                      Zip

\_\_\_\_\_  
Other address if less than 7 yrs at home address

\_\_\_\_\_  
Social Security Number (only required if Credit Report requested)

\_\_\_\_\_  
Date of Birth (Required)

\_\_\_\_\_  
Driver's license # (If driving history is requested)                      State of Issue

\_\_\_\_\_  
Name as it appears on license

\_\_\_\_\_  
SIGNATURE OF APPLICANT

# EMPLOYER COMPLETES

## **Order Form**

PLEASE FAX REQUEST TO:

ONE SOURCE, The Background Check Company  
PO BOX 24148  
OMAHA, NE 68144

PHONE: 402-333-9696  
FAX: 402-333-3280

Email: onesource@jasainvestigations.com

\_\_\_\_\_  
Sherri E.                      Good Shepherd  
\_\_\_\_\_  
Contact Name                      Company Name  
\_\_\_\_\_  
Phone Number                      Fax Number

Deliver my reports via:

\_\_\_\_ FAX                      \_\_\_\_ MAIL                      \_\_\_\_ Email

### CHECK SERVICES REQUESTED

State of Nebraska:

- \_\_\_\_ Search ALL names listed
- \_\_\_\_ Search current name only
- \_\_\_\_ Express Check  
(results same day, must be requested before 3PM)

State of Iowa:

- \_\_\_\_ Search ALL names listed
- \_\_\_\_ Search current names only
- \_\_\_\_ Express Check  
(results same day, must be requested before 3PM)

\_\_\_\_ Criminal History Search by County  
Outside of Nebraska and Iowa

\_\_\_\_\_  
Select any US county and state

\_\_\_\_ Criminal History Search by State

\_\_\_\_\_  
(some states require 1 week or more for results)

\_\_\_\_ Credit Reports

\_\_\_\_ Driver's License History

\_\_\_\_ Worker's Compensation History

