

**Oakland Heights**  
**207 South Engdahl Avenue**  
**Oakland, NE 68045**

**APPLICATION FOR EMPLOYMENT**

All information will be treated confidentially. Your application will remain under active consideration for sixty (60) days from the date it is filed. It will then become inactive unless you notify this facility that you want to remain under consideration.

The use of this application form does not indicate that there are any positions open and does not in anyway obligate you or the Oakland Heights facility.

**JOB INTEREST**

Position Applied For: \_\_\_\_\_

Full Time

Part Time

Casual

Date Available for Work \_\_\_\_\_

What Hours Are You Available To Work? \_\_\_\_\_

Oakland Heights is an equal opportunity employer and hires qualified individuals without regard to race, color, sex, age, national origin, religion, disability, or status as a Vietnam era veteran, special disabled veteran, recently separated veteran, or veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, or any other protected classes.

**PERSONAL:**

Print Name:

\_\_\_\_\_  
(Last) (First) (Middle)

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

Email Address: \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you at least 18 years of age?      YES    NO

**EDUCATION:**

NAME (S) OF EDUCATION INSTITUTIONS	LOCATION	MAJOR	HIGHEST GRADE OR DEGREE COMPLETED
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
TRADE OR VOCATIONAL			
BUSINESS OR OTHER			

**SPECIALIZED TRAINING:**

List all licenses, areas of certification or any other special training: \_\_\_\_\_

Licenses and Certifications (licensed professionals, medication aides and nurse aides:)

<b>LICENSE INFORMATION:</b> TYPE	
DATE ISSUED:	
LICENSE NO:	
STATE ISSUED:	

<b>Certification Information:</b> Type	
DATE ISSUED:	
TRAINING COMPLETED AT:	
STATE ISSUED	

Have you ever been convicted of any crime, rather it be a felony or misdemeanor, other than a minor traffic violation?    YES    NO

If yes, please list crime, date of conviction, county and state of conviction, and sentence or other disposition: \_\_\_\_\_

(A record of a conviction of a crime will not necessarily disqualify you from consideration for employment.)

Have you ever been convicted in a court of law of a crime involving abuse, neglect or mistreatment of an individual?    YES    NO

Have you previously worked for Oakland Heights?    YES    NO

If yes, please indicate time period and position you worked at Oakland Heights:

\_\_\_\_\_

**PAST EMPLOYMENT:**

Please indicate a continued record of employment, beginning with your **most recent** position. Include what you have done for the last 5 years, or from the time you left school. If you need additional space, please attach another sheet.

Employer's Name	From Mo/Yr	To Mo/Yr	Address and Phone Number	Job Title and/or Duties	Reason for Leaving
#1					
Supervisor	Rate of Pay:				
#2					
Supervisor	Rate of Pay:				
#3					
Supervisor	Rate of Pay:				
#4					
Supervisor	Rate of Pay:				
#5					
Supervisor	Rate of Pay:				

If you are currently employed, may we contact your present employer?    Yes    No

**REFERENCES:**

Please list the names of three persons not related to you and whom you have known at least one year.

- |    | NAME  | ADDRESS | PHONE |
|----|-------|---------|-------|
| 1. | _____ |         |       |
| 2. | _____ |         |       |
| 3. | _____ |         |       |

**PLEASE READ THIS SECTION BEFORE SIGNING!**

**FALSIFICATION OF RECORDS**

I completed this application and I certify that the information in this application is correct to the best of my knowledge. I understand that falsification of this application or omission of requested information in any detail is grounds for disqualification from further consideration or for dismissal from employment.

**EMPLOYMENT AT WILL**

I will follow the rules and regulations of Oakland Heights as communicated to me. I understand that in no event shall my hiring be considered as creating a contractual relationship between myself and Oakland Heights. Unless otherwise provided in writing, the employment relationship shall be defined as "employment at will," and either party may dissolve the relationship without cause. I further understand that no employee or supervisor, except the Administrator or designee, has the authority to enter into any agreement or contract of employment for any specific terms of employment such as length of service, future salary increases or agreement contrary to this application. Furthermore, I understand that any such agreement entered into by the Administrator or designee will not be enforceable unless it is in writing.

**CONDITIONAL OFFER OF EMPLOYMENT**

If I receive a conditional offer of employment, I understand that I may be the subject of drug screening, criminal background study and/or physical screening and evaluation. I hereby consent to such screening and record checks.

**PROOF OF RIGHT TO WORK**

If I am offered a position with this center, I understand that as a condition of employment I will be required to prove identity and right to work as required by the Immigration Reform and Control Act of 1986.

**PARTICIPATION IN GOVERNMENT PROGRAMS**

I agree to inform my supervisor or Administrator if I become subject to exclusion from any Federal or State Health Care Program [as defined by 42 U.S.C. 1320a-7] as a vendor, provider or employee or contractor of a participating provider or if I become aware that I may be subject to such exclusion.

**RELEASE OF INFORMATION**

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize Oakland Heights to (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; and (3) discuss the results of any investigation with other employees of Oakland Heights involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application, and I release each such person from liability for providing information to Oakland Heights.

**FAIR TREATMENT PROGRAM**

As a term and condition of my employment, and unless covered by an individual employment contract or a collective bargaining agreement with different dispute resolution provisions, I agree to waive my right to a jury trial in any action or proceeding related to my employment with Oakland Heights. I am doing so voluntarily and knowingly. I understand that I have the right to consult with counsel before signing this document. I agree that all claims and disputes relating to my employment with Oakland Heights shall be decided by a mediator or arbitrator selected in accordance with the rules and procedures established by the national Arbitration Forum.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**AFFIRMATIVE ACTION SURVEY FOR APPLICANTS**

Oakland Heights is a government contractor, subject to governmental regulations and affirmative action responsibilities. Applicants are considered for positions for which they apply and employees are treated during employment without regard to race; color; sex; national origin; age; disability; or status as Vietnam-era veteran, special disabled veteran and veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized; or any other protected class.

To assist with required recordkeeping, reporting and other legal requirements please fill out this confidential survey. Providing this information is voluntary and refusal to provide this information will in no way affect your status as an applicant. This survey will be kept in a separate confidential file and will be used only for governmental reporting purposes.

**PLEASE PRINT**

Date Applied
Job Applied For
Last Name
First Name
Middle Name
Social Security # (SSN)
Gender Male Female

**Ethnicity**

American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Hispanic/Latino (all races)  
 Native Hawaiian/Pacific Islander  
 Some other Race  
 White

**Veteran – Check If Any of The Following Apply to You**

Are you a veteran?  Yes  No  
*Served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.*

Are you a Vietnam-Era Veteran?  Yes  No  
*Served more than 180 days in active military, naval or air service any part of which was from August 5, 1964, through May 7, 1975, and discharge or release from active duty was because of a service connected disability or for other than dishonorable discharge, or if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961, and May 8, 1975.*

- Applicant Source
- Walk Ins
  - Unsolicited Resume Sent
  - Employee Referral
  - Employment Agency
  - Employment Agency – Minority
  - Business Referral

If employee referred you, who referred you? \_\_\_\_\_

**Office Use Only**

Interviewed?                      Date/Initials                       
 Hired?                      Date/Initials

# ***Oakland Heights***

207 South Engdahl Avenue  
Oakland NE 68045-1419

Phone 402-685-5683  
Fax 402-685-5684

## ***Authorization Release Form***

I hereby give permission to Oakland Heights to do a criminal background check. I also understand that Oakland Heights obtains information from the Adult and Child Abuse Registries. An employment offer or continued employment is contingent upon the findings from the background check and the registries check.

I understand that I will need to pass a physical and drug screen prior to employment.

Full Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

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

Witness \_\_\_\_\_



All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. **This form is for use only by organizations who have registered with CFS to obtain CAN Registry and/or APS Registry information.** For information on how to register your organization go to: [http://dhhs.ne.gov/children\\_family\\_services/Pages/nea\\_cr.aspx](http://dhhs.ne.gov/children_family_services/Pages/nea_cr.aspx).

**ORGANIZATION INFORMATION**

Registered Organization ID Number	Registered Organization Name
1140	ESSENTIAL SCREENS

**APPLICANT INFORMATION**

First	Middle	Last Name

Date of Birth	Age	Social Security Number

Current Address

--

City	State	Zip Code

Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

--

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

--

Names and birthdates of your children and children who lived with you:

--

All previous addresses at which you have resided in the past 20 years (minimum City & State):

--



Please release the following information to the Organization listed above: (Check all that apply): .

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding any listing(s) which relate or pertain to me:

- a. Date of the alleged child abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding any listing(s) which relate or pertain to me:

- a. Date of the alleged adult abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Date

(NOTE: If Applicant is less than 19 years of age the signature of Applicant's Legal Guardian is also required below)

**Section A - Verification of Identity of Applicant: Section A or B must be completed.**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
(Printed Name of Applicant) .

\*Affix Official Notary seal here\*

\_\_\_\_\_  
Notary Public

**Section B - Verification of Identity of Applicant: Section A or B must be completed.**

The undersigned Organization employee hereby certifies that he or she has verified the identify of the Applicant by examining the Applicant's identification documents.

\_\_\_\_\_  
Signature of Organization Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Organization Employee

\_\_\_\_\_  
Signature of Applicant's Legal Guardian

\_\_\_\_\_  
Date

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

**Verification of Identity of Applicant's Legal Guardian (If applicable)**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
(Printed name of Applicant's Legal Guardian) .

\*Affix Official Notary seal here\*

\_\_\_\_\_  
Notary Public