

Kimball County Manor & Assisted Living
810 E. 7th St, Kimball, NE 69145
pattyw@kcmanor.com
Application for Employment

Kimball County Manor is an equal opportunity employer and will not unlawfully discriminate.

Applicant Name:

Date:

Present Address:

Telephone:

Cell:

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

How were you referred to this facility?

Yes No

POSITION DESIRED

Position:

Date you can start:

Hourly rate/monthly salary desired:

Do you prefer: Full-time Part-time

Hours you are available to work:

If part-time, hours per week desired:

Days of week you are available to work:

Are you able to work:

Weekends* Yes No Holidays* Yes No

Nights* Yes No

*if required for the position for which you're applying

Are you available to

work overtime?

Yes No

Have you previously worked for this company?

If so, from to

EDUCATION

High School:

Graduated?

Yes No

Course of Study:

Technical/College/University:

Graduated?

Yes No

Course of Study:

Other education, training or Military:

Other special skills:

Professional Licenses and/or Certifications:

Type: State Issued: Date: No.:

Type: State Issued: Date: No.:

REFERENCES

Name & Relationship

Company Name & Address

Telephone

| Name & Relationship | Company Name & Address | Telephone |
|---------------------|------------------------|-----------|
| | | |
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WORK EXPERIENCE

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

| | | | |
|----------------------------|----|-----------------------------------------------------------------------------|---------------------|
| Employer: | | Address: | |
| From | to | Position Held: | Reason for leaving: |
| Supervisor's Name & Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | Telephone Number: |
| Description of Duties: | | | |
| Starting Hourly Pay: | | Final Hourly Pay: | |
| Employer: | | Address: | |
| From | to | Position Held: | Reason for leaving: |
| Supervisor's Name & Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | Telephone Number: |
| Description of Duties: | | | |
| Starting Hourly Pay: | | Final Hourly Pay: | |
| Employer: | | Address: | |
| From | to | Position Held: | Reason for leaving: |
| Supervisor's Name & Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | Telephone Number: |
| Description of Duties: | | | |
| Starting Hourly Pay: | | Final Hourly Pay: | |
| Employer: | | Address: | |
| From | to | Position Held: | Reason for leaving: |
| Supervisor's Name & Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | Telephone Number: |
| Description of Duties: | | | |
| Starting Hourly Pay: | | Final Hourly Pay: | |

AUTHORIZATION AND ACKNOWLEDGMENTS

I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months. If I wish to be considered for employment beyond this time period I should inquire as to whether or not applications are being accepted at that time.

In accordance with the Drug Free Workplace Act of 1988 and Nebraska Act: We have instituted an effective and consistent drug testing program. We provide a drug free workplace which allows all employees to enjoy a safe, productive and healthy work environment. Employees are urged to seek assistance prior to problems effecting on-the-job performance.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application shall be sufficient basis for dismissal.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the employee may resign at anytime and the Employer may discharge an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer or his/her appointee.

Applicant Signature:

Date: