

PERSONAL INFORMATION cont.

- 1) Are you 16 years of age or older? 9 Yes 9 No
- 2) Are you a U.S. citizen or otherwise legally entitled to work in the U.S.A.? 9 Yes 9 No
- 3) Have you ever been employed by Madonna Rehabilitation Hospital? 9 Yes 9 No

If yes, please specify dates and positions: _____

- 4) Do you have any family members who are employed by this organization? 9 Yes 9 No

If yes, please specify: _____

- 5) Are you currently excluded, suspended or otherwise determined ineligible to participate in federally funded health care programs, including but not limited to Medicare and Medicaid? 9 Yes 9 No

- 6) Have you ever been found guilty of abusing, neglecting or mistreating individuals? 9 Yes 9 No

If yes, please explain: _____

- 7) Does your name appear on an abuse registry in this state or any other state? 9 Yes 9 No

- 8) Have you ever been convicted of a crime (i.e. misdemeanor or felony)? 9 Yes 9 No

If your answer is yes, please give details including dates, charges, and dispositions. Convictions are not an absolute bar to employment, but will only be considered in relation to specific job requirements. _____

- 9) (a) Are you currently licensed in NE? 9 Yes 9 No If no, are you eligible for licensure? 9 Yes 9 No

- (b) Has your license and/or certification in any health care profession in this state or another state ever been revoked, suspended, limited, placed on probation or disciplined in any manner? 9 Yes 9 No

Professional Licenses and Certifications:

Type of License / Certificate	State	ID Number	Expiration Date

EDUCATION

How many years of school completed? 1 2 3 4 5 6 7 8 / 9 10 11 12 / 13 14 15 16 / 17 18 19 20 21

School	Name & Location	Course of Study	Degree/Certificate (i.e. AD, BA, BSN, etc.)
High			GED/Diploma 9 Yes 9 No
Technical			
College / University			
Graduate / Other			

GENERAL INFORMATION

List the type of computer equipment and software you have experienced: _____

Describe any special skills or qualifications that may help you in the position for which you applied: _____

How did you learn about this position?

- 9Madonna web-site 9Other web-site _____ 9Careerlink 9 LinkedIn 9Radio 9Friend
 9Newspaper print _____ 9Newspaper on-line _____ 9Job Line 9Agency 9School
 9Employee _____ 9Job Fair _____ 9Volunteer 9Other _____

WORK EXPERIENCE

List **all** work experience beginning with the most RECENT position. Please complete even if a resume is attached.

May we contact your current employer ? 9 Yes 9 No If "no" please explain _____

1. Employer Name: _____
Employer Address: _____
City State Zip
Employer Phone Number: (____) _____ Dates Employed: _____
M/D/Y M/D/Y
Job Title: _____ Supervisor: _____
Reason For Leaving: _____ Salary: _____
Job Duties: _____
Name employed under if different from that above: _____

2. Employer Name: _____
Employer Address: _____
City State Zip
Employer Phone Number: (____) _____ Dates Employed: _____
M/D/Y M/D/Y
Job Title: _____ Supervisor: _____
Reason For Leaving: _____ Salary: _____
Job Duties: _____
Name employed under if different from that above: _____

3. Employer Name: _____
Employer Address: _____
City State Zip
Employer Phone Number: (____) _____ Dates Employed: _____
M/D/Y M/D/Y
Job Title: _____ Supervisor: _____
Reason For Leaving: _____ Salary: _____
Job Duties: _____
Name employed under if different from that above: _____

4. Employer Name: _____
Employer Address: _____
City State Zip
Employer Phone Number: (____) _____ Dates Employed: _____
M/D/Y M/D/Y
Job Title: _____ Supervisor: _____
Reason For Leaving: _____ Salary: _____
Job Duties: _____
Name employed under if different from that above: _____

5. Employer Name: _____
Employer Address: _____
City State Zip
Employer Phone Number: (____) _____ Dates Employed: _____
M/D/Y M/D/Y
Job Title: _____ Supervisor: _____
Reason For Leaving: _____ Salary: _____
Job Duties: _____
Name employed under if different from that above: _____

Complete only if driving is required by the position.

Is your Driver's License current? 9 Yes 9 No License # _____ State _____

Do you have any violations which appear on your motor vehicle report? 9 Yes 9 No

If yes, please explain _____

(You may be asked to supply current motor vehicle report)

PERSONAL REFERENCE

List three references, other than prior employers or family members, who have knowledge of your skills and character.

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
1. _____			
2. _____			
3. _____			

I hereby authorize Madonna Rehabilitation Hospital to investigate all statements made in this application and to contact all employers, schools, character references, governmental agencies, law enforcement agencies, health and human services and the state patrol and police department in order to obtain information on my background and history. I agree to sign consent forms if requested so that a full background and history can be obtained. I further agree and affirm that if there are any changes in my criminal history or any involvement with health and human services from the time I sign this application, I will provide updated information, in writing, to Madonna Human Resources Department.

I understand that any false, misleading or incomplete responses in this application will be sufficient cause for not being hired and if employed, cause for discharge.

I agree to submit to a pre-employment health screen given by Madonna Rehabilitation Hospital and I understand that successful completion will be a condition of my employment. I understand that my regular employment eligibility is subject to maintaining compliance with the Immigration and Reform and Control Act of 1986. Employment by Madonna Rehabilitation Hospital or any other participating employer does not create a contract between Madonna and its employees. Madonna reserves the right to terminate the employment relationship at any time, at will, for any reason. If I am hired, I agree to conform to the rules and regulations of the hospital. If I am hired, I agree to sign a consent form for an updated social history, background check, credit check, law enforcement history check, adult or child abuse registry check, or any other background or social history updated checks requested by Madonna.

Applicant Signature _____

Date _____

Do Not Write Below This Line

Starting date: _____ Starting hr. rate: _____ 9 Non-exempt 9 Exempt (pp rate) _____

Job title: _____ 9 Full-time 9 Part-time 9 On-call 9 Temporary

Job Code: _____ Shift: _____ Scheduled hours **Per Week** _____ Dept # _____

Pre-placement health screen date: _____ General orientation date: _____

License required? 9 Yes 9 No CPR Required? 9 Yes 9 No Driving Abstract Required? 9 Yes 9 No

Hiring manager: _____ Title: _____ Job Offer Date: _____



Madonna

Rehabilitation Hospital

5401 South Street * Lincoln, NE * 402-483-9450

The individual listed below has applied for a _____ position at Madonna Rehabilitation Hospital and has identified you as a reference. Please complete this form and return it in the enclosed self-addressed envelope. If you have any questions, please contact us at 402-483-9450.

To Be Completed by Applicant (address of current or past employer or school)

Type of Reference (check one)

9 Work

9 School

Name used while employed _____ Social Security # _____

Position held while employed _____ Dates of Employment _____ to _____
M/D/Y M/D/Y

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 experience or abilities.

Signature of Applicant _____ Date _____

To Be Completed by Current or Past Employer or School

Are the above dates of employment correct? 9 Yes 9 No

If No, please explain _____

Please rate the following on a scale of 1 to 4. (1=Excellent, 2=Good, 3=Fair, 4=Poor)

Initiative	1	2	3	4	Quality of work	1	2	3	4
Compatibility	1	2	3	4	Quantity of work	1	2	3	4
Dependability	1	2	3	4	Job Knowledge	1	2	3	4
Attitude towards work	1	2	3	4	Attendance	1	2	3	4

Was termination voluntary? 9 Yes 9 No Would you re-employ? 9 Yes 9 No

If you would not re-employ, why or any additional comments: _____

Signature / Title _____

Date _____



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