

PERSONAL INFORMATION cont.

- 1) Are you 16 years of age or older? Yes No
 If applying for Nurse Aide, are you 18 years of age or older Yes No
- 2) Are you a U.S. citizen or otherwise legally entitled to work in the U.S.A.? Yes No
- 3) Have you ever been employed by Madonna Rehabilitation Hospital? Yes No
 If yes, please specify dates and positions: _____
- 4) Do you have any family members who are employed by this organization? Yes 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? Yes No
- 6) Have you ever been found guilty of abusing, neglecting or mistreating individuals? Yes No
 If yes, please explain: _____
- 7) Does your name appear on an abuse registry in this state or any other state? Yes No
- 8) Have you ever been convicted of a crime (i.e. misdemeanor or felony)? Yes 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? Yes No If no, are you eligible for licensure? Yes 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 (b) Has your license and/or certification in any health care profession in this state or another state ever been revoked, suspended, limited, placed on probation or disciplined in any manner? Yes 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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?

- Newspaper Careerlink Madonna web-site Radio Other web-site _____
Job Line Job Fair _____ School Employee _____ Other _____

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? Yes 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? Yes No License # _____ State _____

Do you have any violations which appear on your motor vehicle report? Yes 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: \$ _____ Non-exempt Exempt (pp rate) \$ _____

Job title: _____ Job Code: _____ Dept # _____

Scheduled hours **per week** _____ Shift: _____ Full-time Part-time On-call Temporary

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

Professional License required? Yes No Preferred Certification/Permit Yes No Preferred

CPR Required? Yes No Preferred NE Driver's License Yes No Preferred

Driving Abstract Required? Yes No Preferred

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

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 402-413-4330.

To Be Completed by Applicant (address of current or past employer or school) Type of Reference (check one)

- Work
 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? Yes 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? Yes No Would you re-employ? Yes No

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

Signature / Title

Date

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Date