



Application for Employment

Mail completed application to:
Human Resource Department
Tri Valley Health System
PO Box 488
Cambridge NE 69022
(308) 697-3329

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Name _____ Social Security # _____
LAST FIRST MIDDLE

Maiden/Previous Name _____ Nickname/Preferred Name _____

Address _____
STREET CITY STATE ZIP CODE

Telephone # () _____ Cell/Other Phone # () _____ E-mail _____

If you are under 18, and it is required, can you furnish a work permit? _____ Yes No

If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions: _____ Yes No

Do you have any relatives working for TVHS? If yes, who? _____ Yes No

Are you legally eligible for employment in this country? _____ Yes No

Date available for work ____ / ____ / ____ What is your desired salary range? _____ \$ _____

Type of employment desired Full-Time Part-Time Temporary PRN (as needed)

Type of work schedule interested in (Check all that apply.) Days Evenings Nights
 Weekends Split Shifts Overtime

Are you able to meet the attendance requirements of the position? _____ Yes No

Have you ever been found guilty by a court of law or pleaded "no contest" to charges of abusing, neglecting, or mistreating residents or patients in a health care related setting? _____ Yes No

Are you, at present, the subject of a pending charge of abusing, neglecting, or mistreating residents or patients in a health care setting? _____ Yes No

Have you ever been found guilty by a court of law or pleaded "no contest" to a felony/misdemeanor (other than minor traffic offenses)? _____ Yes No

If yes, please provide date(s) and details? _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	(AREA CODE) TELEPHONE#
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS (Street, City, State, Zip)	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
REASON FOR LEAVING		HOURLY RATE SALARY	
		START \$	PER FINAL \$ PER
FROM	TO	EMPLOYER	(AREA CODE) TELEPHONE#
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS (Street, City, State, Zip)	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
REASON FOR LEAVING		HOURLY RATE SALARY	
		START \$	PER FINAL \$ PER
FROM	TO	EMPLOYER	(AREA CODE) TELEPHONE#
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS (Street, City, State, Zip)	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
REASON FOR LEAVING		HOURLY RATE SALARY	
		START \$	PER FINAL \$ PER

References (Do Not Include Family Members)

NAME	RELATIONSHIP	TELEPHONE	NUMBER OF YEARS KNOWN

Educational Background (if job related)

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employe is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and a rights and claims I may have regarding the employer, its agents, employees or representatives, fo seeking, gathering and using such information in the employment process and all other persons corporations or organizations for furnishing such information about me

In connection with my application for employment, I authorize any insurance company, employer, educational institution, law enforcement organization, state and federal government agency information service bureau, medical facility, and other persons contacted to release informatior regarding my character, performance, qualifications, background and reasons for termination o past employment to Tri Valley Health System or its agent and release all parties involved ir providing said information from any responsibility or liability

I also authorize the release of my driving history, criminal records, worker compensation records and investigative consumer report and understand that it may contain information about my background, mode of living, character, and personal reputation.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law

I understand that this application remains on file for six months. However, if I have not heard from the employer within 90 days and still wish to be considered for employment, it may be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with o without cause and without prior notice, except as may be required by law. This application does no constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in the regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____