

## APPLICATION FOR EMPLOYMENT

**The Nebraska Masonic Home**

An Equal Opportunity Employer

Instructions: Please print all information and complete every part of this application. If there is a question which does not apply to you, mark "N/A". Do not leave any question unanswered. Any false, misleading or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.  
Do you have a valid Nebraska driver's license?

Position(s) applied for: 1.

2.

Today's date:

Date you can start:

How did you learn about this job?

**PERSONAL INFORMATION**

Name:

Last

First

Middle

Home address:

Street

City

State

Zip Code

Home Phone: ( )

Other Phone: ( )

Email:

Social Security Number:

Birthdate:

Are you a citizen of the United States, or specifically authorized to be employed in the United States?

No

Yes

**NOTE: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.**

Are you available:

Full-time

Part-time

Temporary

Describe any work schedule limitations:

Have you applied for a job with us before?

No

Yes State date:

Have you been employed by us before?

No

Yes If yes, state date(s) and job(s):

Do you have any relatives employed by us?

No

Yes, the following relatives:

Have you ever been convicted of a felony, or of any crime relating to theft or dishonesty, or involving acts of violence?

No

Yes, as follows:

**NOTE: A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job for which the applicant applied.**

Do you have a valid Nebraska driver's license?

No

Yes

If "No", please explain:

## PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent (omit dates for jobs held more than five years ago).

Employer name:

Employer address:

Employer telephone: (      )

Job title:

Duties:

Dates employed:

to

Salary/bonus:

What you liked most about job:

What you liked least:

Reason for leaving:

Employer name:

Employer address:

Employer telephone: (      )

Job title:

Duties:

Dates employed:

to

Salary/bonus:

What you liked most about job:

What you liked least:

Reason for leaving:

Employer name:

Employer address:

Employer telephone: (      )

Job title:

Duties:

Dates employed:

to

Salary/bonus:

What you liked most about job:

What you liked least:

Reason for leaving:

## VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military branch:

Dates of service:

Discharge date:

Honorable discharge?

No

Yes

**NOTE: A less than honorable discharge will not automatically disqualify an applicant from employment.**

## EDUCATION AND TRAINING

Name and location of High School:

Graduated:                      No                      Yes

List technical or trade school, college and postgraduate education, if any:

	School/College	Level Completed	Degree	Major Subjects
1.				
2.				
3.				

## OTHER SKILLS

Describe any computer, office machine, tool or equipment skills and proficiency level:

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

List all professional licenses or certificates held, including State, license/certificate type, date issued, and license/certificate number.

List any relevant professional or business organizations to which you belong (Optional):

## REFERENCES

List three personal references, other than prior employers or relatives, whom we can contact.

Name:	Phone: (     )
Street:	Occupation:
City/State/Zip:	How long known:
Name:	Phone: (     )
Street:	Occupation:
City/State/Zip:	How long known:
Name:	Phone: (     )
Street:	Occupation:
City/State/Zip:	How long known:

## The Nebraska Masonic Home

Applicant Name

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize The Nebraska Masonic Home to investigate all statements contained in this application for employment and to investigate my character, qualifications, prior work, educational history, experiences and incidents. I authorize my prior employers, references, and others with information regarding my work or educational history, experiences and incidents, or my character, to provide The Nebraska Masonic Home with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I understand that this is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within The Nebraska Masonic Home has the authority to make oral contracts of employment. If hired, my employment relationship with The Nebraska Masonic Home is terminable at-will, with or without cause, by either myself or The Nebraska Masonic Home.

I also understand that my employment may be conditioned upon a favorable health evaluation which may include drug testing and/or a medical examination by a physician selected by The Nebraska Masonic Home, to which I hereby consent.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

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

\_\_\_\_\_  
Date and Time

a.m.

p.m.



## THE NEBRASKA MASONIC HOME

### Applicant Reference Consent

I, \_\_\_\_\_, hereby make this Applicant Reference Consent and Release ("Consent").

I hereby give consent to any and all current and former employers of mine to provide information with regard to my employment with such current and former employers to The Nebraska Masonic Home and its employees, agents, and representatives ("The Home"). I hereby release from liability all current and former employers that provide such information about me, or who participate or assist in any way in the evaluation of my qualifications for future employment.

Without limiting the foregoing, I specifically consent to each such current and former employer providing the following information to The Home regarding my employment, and release them from liability in connection with providing such information:

1. The dates and duration of my employment;
2. My pay rate and wage history as of the date they receive this consent;
3. My job description and duties;
4. The most recent written performance evaluation prepared prior to the date they receive this consent which was provided to me during the course of my employment;
5. My attendance information;
6. The results of drug or alcohol tests administered to me within one year prior to the date they receive this consent;
7. Threats of violence, harassing acts, or threatening behavior on my part related to the workplace or directed at another employee;
8. Whether I was voluntarily or involuntarily separated from employment and the reason for the separation; and
9. Whether I am eligible for rehire.

This Consent shall also apply to all current and former employees, agents, and other representatives of current and former employers who are authorized to provide, and who do provide, employment information about me to The Home.

A copy (whether by photocopier, fax machine, or scanner/e-mail) of this Consent shall be as valid and binding as the original.

**NOTE: This Consent is valid only during the six (6) month period following the below date. Do not provide information in reliance upon this Consent if more than six (6) months have passed.**

Date

\_\_\_\_\_  
Applicant's Signature



THE NEBRASKA MASONIC HOME

**The Nebraska Masonic Home  
1300 Avenue D  
Plattsmouth, NE 68048  
402-296-7300**

**Release of Information Form**

I understand that prior to employment my name will be checked against the:

**National Sex Offender Public Website**

**At**

**[www.nsopw.gov](http://www.nsopw.gov)**

A check of this registry is necessary to ensure that I meet provider standards.

National Sex Offender Registry Website was checked on\_\_\_\_\_.

Applicant name was on Registry: YES \_\_\_\_\_ NO \_\_\_\_\_

Registry checked by: \_\_\_\_\_.

*Staff signature and title*

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

\_\_\_\_\_  
Date



THE NEBRASKA MASONIC HOME

**THE NEBRASKA MASONIC HOME BACKGROUND  
CHECK ACKNOWLEDGMENT AND  
AUTHORIZATION**

**Please Print:**

Name:

Birth date:

Social Security #

I hereby authorize The Nebraska Masonic Home to conduct an investigation into my background, including, without limitation, personal reputation, and criminal background history, to any degree and by any lawful means it deems appropriate, including personal interviews of people who know me. I also authorize any reporting agency, individual, or branch of state, local or federal government, or others with any information concerning my background, to compile and furnish such information in any form to The Nebraska Masonic Home or its agents upon request. I agree to cooperate in this investigation, and I release from all claims and liabilities, any person who provides, receives, or acts upon information or documents pursuant to this authorization. I acknowledge that such information may be used to evaluate whether I am an appropriate candidate for employment, and that this determination could be adverse to me. If the background check reveals information which, in The Nebraska Masonic Home's discretion, renders me unsuitable for employment, a job offer will not be made or if I have already started working, I may be discharged.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



This form is to be used to request a Central Registry Check. Individuals must enter information into each field. If a field is not applicable write NOT APPLICABLE. Individuals must sign and date on page 2; select which Central Registry check(s) are authorized to be checked; and have their signature notarized. If the individual is under the age of 19, the parent or guardian must sign and have their signature notarized. Please indicate below if the results are to be sent to a business or organization by checking the box and providing the Name and Portal ID of the business or organization.

Central Registry checks can also be requested online at <https://ecmp.nebraska.gov/DHHS-CR/>  
More information can be found at: <http://dhhs.ne.gov/CentralRegistry>

Business/Organization Check: ☐

**ORGANIZATION/BUSINESS INFORMATION**

Name:	Portal ID:

Organization/Business must provide Portal ID to access results.  
Visit <https://ecmp.nebraska.gov/DHHS-CR/> to create a Portal ID.

**INDIVIDUAL INFORMATION**

First	Middle	Last Name

Date of Birth	Age	Social Security Number

Address

--

City	State	Zip Code

Phone Number:

--

Other names, such as a maiden name, former married name, or nickname.

--

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

--

All previous addresses at which you have resided (minimum City & State):

--