

The Countryside Villa

Employment Application

803 S. Vivian Wausa, NE 68786

402-586-2890

We are an equal opportunity employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question is intended to elicit information in violation of such law nor will information obtained in response to Questions be used in violation of such law.

PLEASE PRINT

Phone # (s) to Reach Me: _____ Date: _____

Name: _____ Social Security No.: _____

Address: _____ Date I Could Start: _____

Position(s) Interested In: _____ Full time Part Time Either

Have you been employed here before? Yes No

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

Do you have a valid Nebraska Driver's License? Yes No

Have you been convicted of a crime in the last 7 years? Yes No

If yes, please explain: _____

Work Experience: List present and former employment listing most recent first.

Date From	Date To	Employer	Phone
Job Title		Address	
Supervisor/Title		Summarize the Nature of Work Performed and Job Duties	
Hourly Rate Paid		Reason for Leaving	
Date From	Date To	Employer	Phone
Job Title		Address	
Supervisor/Title		Summarize the Nature of Work Performed and Job Duties	
Hourly Rate Paid		Reason for Leaving	
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Job Title		Address	
Supervisor/Title		Summarize the Nature of Work Performed and Job Duties	
Hourly Rate Paid		Reason for Leaving	

Educational Record

Name/Location	Length of Study	Did you graduate?	Course of Study
High School			General
College			
Other i.e. trade school, special training			

Skills and Qualifications: *List training skills, licenses, &/or certificates relating to applied for position.*

References: Only 1 may be Personal

Name	Phone Number	Yrs Known	Relation to Reference

To Be Complete by All Applicants: Please Read Carefully Before Signing

I certify the information contained in this application and in any resume provided by me or any party representing my interests is correct and complete to the best of my knowledge. I understand any false statement, misrepresentations or omissions made by me on this application or any supplement thereto, will be sufficient grounds for rejection of this application or discharge after employment.

I give the employer the right to obtain pertinent information concerning me from former employers and others, and I release all those providing or requesting such information from any liability which may arise by truthful disclosures or such investigations.

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 or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand if I am hired, I will be required to provide proof of identity and legal work authorization. ***Your signature acknowledges you have read and agree to the material above.***

Applicant's Signature

Date