



Florence Home

*Inspiring the individuals we serve
to live life to the fullest.*

EMPLOYMENT APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job medical condition or disability, or any other legally protected status.

Name and Address							
Name (First, MI, Last)				Last 4 digits of Social Security Number			
Address			City		State	Zip	
Home Phone			Cell Phone				
Email			Are you at least 16 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Professional Licensure or Certification (i.e. RN, LPN, etc.):			Professional Licensure or Certification #:				
Job Type							
What position are you applying for:							
Days/hours available to work							
<input type="checkbox"/> I have no preference.	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
I am seeking a:		<input type="checkbox"/> Full-time job		<input type="checkbox"/> Part-time job		<input type="checkbox"/> PRN (as needed)	
How many hours can you work per week?		Circle the shifts you are available for: Days Evenings Nights			Date available to start work:		
Additional Information							
How did you hear about us?							
Have you ever been employed by this organization in the past? (Florence Home, Royale Oaks, House of Hope, SHF or MGI)					<input type="checkbox"/> Yes		<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.					<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you ever been investigated for abuse or neglect?					<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please explain:							

Education				
School	Location (mailing address)	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				
Military				
Have you ever been in the Armed Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates of Service
Are you a Reserve Member? If so, which Branch?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge Date
Specialty:				
Employment History				
<i>Please list the last 10 years of your employment history beginning with your most recent position first. Including jobs NOT in the healthcare field. You MUST complete this section of the application even if you submit your resume.</i>				
Company	Name of Last Supervisor		Hours/Week	
Address	Start Date		End Date	
City, State, and Zip Code	Starting Salary		Final Salary	
Phone Number	Your Last Job Title			
Reason for Leaving (please be specific):				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:				
May we contact this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Company	Name of Last Supervisor		Hours/Week	
Address	Start Date		End Date	
City, State, and Zip Code	Starting Salary		Final Salary	
Phone Number	Your Last Job Title			
Reason for Leaving (please be specific):				

Work Experience (continued)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact this employer?

☐ Yes ☐ No

Company

Name of Last Supervisor

Hours/Week

Address

Start Date

End Date

City, State, and Zip Code

Starting Salary

Final Salary

Phone Number

Your Last Job Title

Reason for Leaving (please be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact this employer?

☐ Yes ☐ No

Professional References

Please include name, phone number, and circumstances of your acquaintance. Please exclude relatives.

1.

2.

3.

DISCLAIMER AND SIGNATURE

I certify that my answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby acknowledge that any employment relations with this Facility is of an "at will" nature, which means that the Employee may resign at any time and the Facility may discharge the employee at any time with or without cause. It is further understood this "at will" employment may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Facility.

I understand that a Criminal Background Check and pre-employment drug screen will be requested prior to any employment in this Facility. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Facility.

This application does not constitute an agreement or contract of employment.

Signature:

Date:

REFERRAL SOURCE (Who referred you?):



Voluntary Self-Identification of Race or Ethnicity

Name: _____ Date: _____

Position(s): _____

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

In an effort comply with the regulations for equal employment opportunity and affirmative action (EEO/AA) Midwest Geriatrics, Inc. and its affiliates must track our applicants by gender and race/ethnicity and the position they applied for to the government. We are an organization that values diversity. For this reason, we invite you to indicate your gender and race/ethnicity below. Submission of this information is strictly voluntary and refusal to provide this information will not subject you to adverse treatment.

If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

Invitation to Self-Identify

Gender: ☐ Male ☐ Female

What is your Race/Ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White** (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American** (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.
- ☐ **Asian** (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **American Indian or Alaska Native** (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Two or More Races** (Not Hispanic or Latino): a person who primarily identifies with two or more of the above five race/ethnicity categories.
- ☐ **I do not wish to disclose**

Definitions of race/ethnicity are defined by the Equal Employment Opportunity Commission.



Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Midwest Geriatrics and its affiliates believe we must reach out to hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you are already an employee of Midwest Geriatrics or its affiliates, your answer will not be used against you in any way. A person may become disabled at any time, for this reason, we are required to ask all of our employees to update their information every five (5) years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing Limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder (OCD)
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one (1) of the boxes below:

☐ Yes, I have a disability (or previously had a disability)

☐ No, I do **NOT** have a disability

☐ I do not wish to answer

Name: _____ Date: _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment. Section 503 of the Rehabilitation Act of 1973, as amended. For more information visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



**DISCLOSURE REGARDING
BACKGROUND INVESTIGATION**



Florence Home (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for employment purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT; and
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Florence Home** to obtain “consumer reports” about me at any time during the hiring process and throughout my employment, if applicable.

Signature: _____ Date: _____

Printed Name: _____

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Full Name (First, middle, last): _____

Social Security Number: _____

Date of Birth: _____

Driver License No.: _____

State Issued: _____

Full Current Address

Additional Previous Address within the Last 7 Years

Additional Previous Address within the Last 7 Years



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):

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to



remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:



TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357



By signing, I acknowledge that I have read the Fair Credit Reporting Act.

Sign here: _____