



Tabitha Health Care Services
Human Resources Department

Instructions for Completing Employment Application Forms

Please read these instructions carefully before completing the attached application materials

Employment Application

1. **Complete this application in full.** Answer all the questions on both sides of form.
2. **Indicate the title of the position for which you are applying.** Consult the Job Listing or Job Line for current openings.
3. **Complete the Employment Record section in full** even if you have a resume'. You may attach a resume' if you wish.
4. **Read the statement at the bottom of the form and sign on the line provided.**

Release of Information Form

This form is used by the Human Resources Department for the purpose of checking references, criminal history and employment history.

1. **Complete the signature line. Sign your name and fill in your social security number and the current date.**

Equal Employment Opportunity Survey

1. This is an optional survey. If you choose to complete it, the information is separated from your employment application immediately and is not provided with the application for consideration.
2. Complete the survey and return it with the other forms.

Applicant Questionnaire

1. This is also an optional survey. The information you provide helps us assess the effectiveness of different advertising methods.
2. Complete the survey and return it with the other forms.

When you have completed all application materials, return them to the Human Resources Department:

Tabitha Health Care Services
Human Resources Department
4720 Randolph St
Lincoln, NE 68510



4720 Randolph Street – Lincoln, Nebraska 68510
 Employment Office – 402-486-8523
 Our JOB LINE number is 402-484-9614

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

We do not discriminate on the basis of race, color, or religion, sex, disability, marital status, veteran status, national origin or age.

Date: _____

Name: _____ Social Security No. _____
Last First Middle I.

Address _____ Telephone No. _____
Street City State Zip

Are you under 19 years of age? Yes No

Position(s) applied for _____ Wage expected? _____

Would you work Full-time _____ Part-Time _____ Specify days and hours if part-time _____
 _____ Were you previously employed by us? _____ If yes, when? _____

Are you legally eligible for employment in this country? Yes No
 (Proof of US citizenship for immigration status will be required upon employment.)

Have you been notified by the Office of Inspector General that you are excluded from participation in federal health programs, e.g. Medicare? Yes No

If yes, date: _____ And where? _____

Have you been convicted of a crime, misdemeanor or felony, except minor traffic violations? Yes No
 (Conviction of a crime does not necessarily bar you from employment by Tabitha.)

If yes, date: _____ And where? _____

Type of offense: _____

If you were in the military, give dates of duty: From: _____ To: _____

EDUCATION AND TRAINING	
HIGH SCHOOL	Name of Last School _____ Location _____ (Circle Highest Year Completed) 1 2 3 4
COLLEGE OR UNIVERSITY	Name _____ Location _____ Major Subject _____ List degree completed _____
OTHER (GRADUATE, TRADE SCHOOL, CORRESPONDENCE SCHOOL, ETC)	Name _____ Location _____ Major Subject _____ List any degrees/courses completed _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any experiences, skills, or qualifications which you feel would especially fit you for work with Tabitha?

EMPLOYMENT RECORD: Give a complete account of your employment. BEGIN BY LISTING YOUR PRESENT OR MOST RECENT POSITION AS NUMBER ONE, AND WORK BACK. Attach additional pages if needed.

1. Present/Last Employer		Phone No:		Rate of Pay		Employed			
Address				Starting	Ending	From		To	
City		State		Zip		Mo.	Year	Mo.	Year
Name of Supervisor									
May we contact your present employer? Yes No									
Your Position and Duties:				Reason for Leaving					
2. Firm or Organization		Phone No:		Rate of Pay		Employed			
Address				Starting	Ending	From		To	
City		State		Zip		Mo.	Year	Mo.	Year
Name of Supervisor									
Your Position and Duties:				Reason for Leaving					
3. Firm or Organization		Phone No:		Rate of Pay		Employed			
Address				Starting	Ending	From		To	
City		State		Zip		Mo.	Year	Mo.	Year
Name of Supervisor									
Your Position and Duties:				Reason for Leaving					
4. Firm or Organization		Phone No:		Rate of Pay		Employed			
Address				Starting	Ending	From		To	
City		State		Zip		Mo.	Year	Mo.	Year
Name of Supervisor									
Your Position and Duties:				Reason for Leaving					
Have you ever worked for Tabitha or any other employer under another name? If so, what name did you use and where were you employed?									

I understand that this is a preliminary application and that applicants may be interviewed and references checked. I can perform the essential functions of the position, with or without reasonable accommodation. I understand that I may be required to take a physical examination following a conditional offer of employment. I herewith authorize and request each and every former employer, person, firm or corporation to answer any and all questions that may be asked and herewith hold such persons harmless for giving any and all information within their knowledge or records. All of the information listed by me on this application is true and correct to the best of my knowledge. I understand that all information will be verified and any false or misleading statements or omission of relevant information shall be cause for rejection of my application and/or if employed, shall be just cause for subsequent dismissal. Furthermore, I understand that just as I am free to resign at any time, Tabitha reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Tabitha has the authority to make any assurances to the contrary.

Signature



RELEASE OF INFORMATION / DISCLOSURE AND CONSENT

I, the Applicant, acknowledge that Tabitha Health Care Services may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but are not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Nebraska or any other State. The results of this verification process will be used to determine employment eligibility. All results will be kept confidential. The information obtained will not be provided to any parties other than to designated Company Personnel.

I hereby authorize the release of information regarding my employment. I further release my employers, or persons, and Tabitha from any and all liability of whatsoever nature on account of furnishing such information.

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by Tabitha Health Care Services and confirm that all such information is true and correct.

Name (please print): _____

S.S.# _____

Signature: _____ Date _____

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

TO ALL APPLICANTS:

The following information in **NO WAY** affects you as an individual applicant, nor your eligibility for hire by Tabitha Health Care Services. This information is being gathered for Federal reporting requirements only.

POSITION APPLIED FOR _____

POSITION APPLIED FOR _____

DATE (Month/Day/Year) _____

PLEASE CIRCLE THE APPROPRIATE ANSWER:

A. What sex are you?

- 1. Female
- 2. Male

B. What is your age?

- 1. 19 or less years
- 2. 20-29 years
- 3. 30-39 years
- 4. 40-49 years
- 5. 50-59 years
- 6. 60-69 years
- 7. 70 or more years

C. What is the highest level of education you have attained?

- 1. MD or similar degree
- 2. Less than High School
- 3. High School Graduate or GED
- 4. Technical, Vocational or Business School
- 5. College, less than BA or BS degree
- 6. RN Diploma program
- 7. Bachelors Degree
- 8. Masters Degree
- 9. PhD or similar degree

D. Of the following, which racial/ethnic group do you consider yourself a member?

- 1. White
- 2. Black or African American
- 3. Hispanic or Latino
- 4. Asian
- 5. American Indian or Alaska Native
- 6. Native Hawaiian or Other Pacific Islander
- 7. Two or more races

E. Do you have a disability? No _____ Yes _____

If yes, describe _____



Applicant Questionnaire

Please take a few extra minutes to answer these questions. Your answers will be very helpful to us as we assess the effectiveness of our employment advertising and job posting procedures.

1. How did you first learn about the job for which you are applying? (Place and "X" next to your choice – choose only one)

Newspaper advertisement. Where? _____

Radio advertisement

Employment agency or job service

Friend

Relative

Job Postings

Walk in

Internet. What site(s) _____

Referred by Tabitha employee. If yes, Name: _____

Other _____

2. Have you seen our jobs advertised in the Lincoln Journal Star? Yes No