

Epworth Village

a change for the better

Box 503, 2119 Division Avenue • York, Nebraska 68467-0503 • (402) 362-3353 • Fax (402) 362-3248 • epworthvillage.org

APPLICATION FOR EMPLOYMENT

Legal Name	Date	Social Security Number	
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Address	City	State	Zip Code
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Telephone Number

Expected rate of pay \$	per	Male	Female
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Position(s) applied for

Do you have a valid Nebraska Driver's License? Yes No	Driver's License Number
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Are you legally eligible for employment in the U.S.A.? Yes No

Have you been employed here previously? Yes No Have you ever applied here before? Yes No

PERSONAL REFERENCES

List three personal references (other than former employers or relatives).

Name	Occupation	Address	Telephone No.

EDUCATION RECORD

Name(s) of school(s) attended	City	Highest Grade Level Completed
Elementary School		
Junior High		
High School		
College		

Describe other relevant education, training, skills, scholastic honors, achievements, work or life experiences:



Accredited by JCAHO

"A project related to the General Board of Global Ministries of The United Methodist Church"



RECORD OF PAST EMPLOYMENT

Name of employer		Address	Telephone No.
Type of business	Type of work performed (duties)		
Supervisor's name			
Dates worked From _____ to _____	Salary \$ _____ per _____		
Reason for leaving			

May Epworth Village contact this employer? Yes No

Name of employer		Address	Telephone No.
Type of business	Type of work performed (duties)		
Supervisor's name			
Dates worked From _____ to _____	Salary \$ _____ per _____		
Reason for leaving			

May Epworth Village contact this employer? Yes No

Name of employer		Address	Telephone No.
Type of business	Type of work performed (duties)		
Supervisor's name			
Dates worked From _____ to _____	Salary \$ _____ per _____		
Reason for leaving			

May Epworth Village contact this employer? Yes No

Name of employer		Address	Telephone No.
Type of business	Type of work performed (duties)		
Supervisor's name			
Dates worked From _____ to _____	Salary \$ _____ per _____		
Reason for leaving			

May Epworth Village contact this employer? Yes No

Attach additional sheet if necessary to list all past employers.

Did you serve in the U. S. Armed Forces?

Branch

Dates of duty:

Highest rank attained

From

to

* Have you ever been convicted of a felony?

PLEASE READ AND SIGN BELOW

The information listed in my application for employment is true and complete. I understand that if employed, false statements on this application are considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any educational, social, financial or law enforcement agency or bureau.

Signature of applicant _____

Date _____

EQUAL EMPLOYMENT OPPORTUNITY

Epworth Village does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry, veteran status, marital status, sexual orientation, or disability or on the basis of age against persons who are forty years of age or older. No question on this application is intended to secure information to be used for such discrimination.

All applicants accepted for employment are placed on a temporary basis subject to an introductory period, and if in our judgement it is found at any time during or after this introductory period the employee is not suitable for work at Epworth Village, employment may be terminated without other reason.

* Required for legally accepted reasons.



Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: Epworth Village, Inc. (402) 363-7820
Please do not use abbreviations

Address and Phone Number: PO Box 503 2119 Division Ave. (402) 362-3353

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names.
Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

APPLICANT COMPLETES

Release Authorization

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination and employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials and references.

Medical and worker's compensation information will only be requested with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information. I acknowledge that facsimile (FAX), photographic copy or email shall be as valid as the original.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

PLEASE PRINT:

Last Name *First Name* *Middle Initial (Required)*

Other LEGAL names you have used, including MAIDEN name(s):

Home Address

City *State* *Zip*

Other addresses if less than 2 years at home address: (use back of sheet for additional addresses)

Address *City* *State* *Zip*

Address *City* *State* *Zip*

Social Security Number *Date of birth (Required)*

Driver's License # *State of Issue* *Name as it appears on license*

SIGNATURE OF APPLICANT

ONE SOURCE, The Background Check Company
PO BOX 24148
OMAHA, NE 68124
PHONE: 402-933-9999
TOLL FREE: 800-608-3645
FAX: 402-333-3280
TOLL FREE: 800-929-8117

Epworth Village, Inc.
Reference Check
PREVIOUS EMPLOYER

Dear Sir or Madam:

The applicant named below has informed us that he/she previously worked for your company. We would appreciate it if you could furnish us with as much of the information requested below as possible. We will handle all information in a confidential manner.

APPLICANT'S STATEMENT OF RELEASE

I hereby authorize and request each former employer to answer any questions asked. I also hold such persons harmless for giving any information within their knowledge or records.

Name of Applicant: (print) _____

Signature of Applicant _____ Date _____

Company Name: _____

Name of person contacted: _____

Address: _____ Telephone: _____

Date of applicant's employment: from: _____ to: _____

What was the nature of his/her duties? _____

Why did he/she leave your employment? _____

Would he/she be eligible for rehire? _____

On a scale of 1-5 with one being low and five being high, please rate the applicant in the following categories and include a brief narrative of the reason for the rating.

Overall Job Performance: 1 2 3 4 5

What were his/her strengths? _____

What were his/her limitations, if any? _____

Please comment on his/her ability to begin or follow through with a plan or task. _____

What was the amount of supervision he/she required? _____

Please comment on his/her ability to accept responsibility. _____

Were there any disciplinary problems concerning his/her performance? If so, please explain: _____

Attendance:

1 2 3 4 5

If attendance was a problem, was there a medical reason or merely lack of commitment? _____

Ability to handle stress:

1 2 3 4 5

If the applicant were in a stressful situation, how would he/she react to that stress? _____

Ability to function as a team player:

1 2 3 4 5

How does he/she relate to other co-workers? _____

What was his/her relationship with supervisor? _____

Age Specific Competency Questions

Based on your knowledge of the applicant, please evaluate his/her competency in the following areas. Please comment if there is a problem or concern.

Provide a safe environment for adolescent youth between the ages of 7-19.

1 2 3 4 5

Ability to hold youth accountable for their behavior.

1 2 3 4 5

Set a positive role model for adolescents as evidenced by demeanor, communication, and example.

1 2 3 4 5

Ability to foster individual growth of a person in spite of differences in abilities, background, and negative influences.

1 2 3 4 5

Additional comments: _____

Signature of Person Preparing Report

Date

This Employer Participates in E-Verify

E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



Este Empleador Participa en E-Verify

E-Verify™



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Administración del Seguro Social



El E-Verify es un servicio de la SSA y el DHS que ayuda a los empleadores a verificar la identidad y elegibilidad de empleo de sus empleados.

Para más información, visite www.dhs.gov/e-verify o llame al 1-800-255-7688 (TDD: 1-800-237-2515).



POWERED BY A SERVICE OF THE SSA/SSA