

EXTENDED FAMILIES OF NEBRASKA, LLC

Application for Employment

Extended Families of Nebraska, LLC will consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, sexual orientation, veteran status, or any other legally protected status.

Name <i>(last, first, middle initial)</i>		Today's date	
Street address		City & zip code	
Phone number		Position applying for	
Date of birth		Social Security number	

How did you hear about EFN?	

Explain why you want to work for EFN?	

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <i>(Proof of citizenship of immigration status will be required upon employment.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been convicted of a violation of law, other than a minor traffic violation? <i>(A conviction is not an automatic bar to employment; each case is considered on its own merits in relation to the position applied for.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	

Do you have any physical condition which may limit your ability to perform the job you are applying for, including lifting up to 50 pounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	

Please note hours of availability for each day							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Full-time							
Part-time							
Substitute							
Volunteer							

Employment History

Are you currently employed				<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your current employer				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Position Held	Employment	Wages	Supervisor's Name	Reason for leaving
		Start:	Start:		
		End:	End:		
		Start:	Start:		
		End:	End:		
		Start:	Start:		
		End:	End:		

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Education

School / College Attended	Name City of School	Start / End Dates	Course of Study	Diploma / Degree
High School		Start: End:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate		Start: End:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate		Start: End:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Specialized Training/Certifications

CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	
Medication Aide	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date	
List other skills or training that may pertain to the position you are applying for			

What is your philosophy regarding services for persons with disabilities?	

Professional References

<i>Please list <u>three people</u> who have worked with you or observed you working in a professional setting. If you have worked in a care-giving role with adults or children, please list those references first. You must include your <u>most recent supervisor</u>. <u>Do not include relatives</u>.</i>				
Name	Relationship	Dates of Service	Address	Phone Number
		Start: End:		
		Start: End:		
		Start: End:		

Personal References

<i>Please list <u>three people</u> who have known you for at least three years. Please include at least <u>one male</u>, <u>one female</u> and <u>one relative</u>.</i>				
Name	Relationship	Dates of Service	Address	Phone Number
		Start: End:		
		Start: End:		
		Start: End:		

Military History

Military service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of military	
Highest rank achieved		Dates of services	Start: End:
Type of discharge		If not honorable, explain why	

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Transportation

Do you own a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year		Make	
Is it reliable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Mileage		Model	

Emergency Contacts

Name	Relationship	Address	#1 Phone	#2 Phone

I also authorize investigations of all statements contained in the application.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial of the application to provide services and that refusal to inform Extended Families of Nebraska, LLC of the contents of a criminal record will result in the automatic denial of the application. My signature indicates that I have read and understand the above.

I understand that I must successfully complete all background checks, which will be evaluated by the Federal Bureau of Investigations and the Nebraska State Patrol, along with a registry check with the Division of Children Family Services, clear checks with the Office of the Inspector General and Sex Offender's Registry. I must also complete all Pre-Service training, including Agency Orientation, First Aid, CPR, Medication Aide and MANDT, if necessary, before I can begin subcontracting services with Extended Families of Nebraska, LLC.

I understand that I can withdraw from the application process at any time before signing a contract for services, and that a contract will not be granted if I withdraw. I also understand that Extended Families of Nebraska, LLC can stop the application process at any time before, during or after the contract is signed.

I understand that Extended Families of Nebraska, LLC has ZERO TOLERANCE FOR ABUSE OR ILLEGAL DRUG USE, and takes all allegations of abuse seriously. I further understand that Extended Families of Nebraska, LLC will cooperate fully with the authorities to investigate all cases of alleged abuse/illegal drug use, and expects that I cooperate fully in any investigations. Abuse and illegal drug use, while any vulnerable person is served in my home under contract with Extended Families of Nebraska, LLC is grounds for immediate termination of the contract, removal of the vulnerable person, and possible criminal charges.

I declare that I am not, nor is any member of my household, a pedophile or child molester and that I have not, nor has any member of my household, perpetrated physical abuse, sexual abuse, emotional abuse, or neglect against a child or vulnerable adult, and that I, or any member of my household, have never been accused of these acts.

Printed Name of Applicant	Signature of Application	Date Application Completed

06/07/2017