

Pawnee City Assisted Living Application Form

You can print the form, fill it out manually, and mail it to Lori Anderson, Pawnee City Assisted Living, 330 12th Street, Pawnee City, NE 68420 or fax it to 402-852-2065.

You can also download the form, fill out the form fields on your computer, save it as a PDF on your device, and attach the completed application to an email and send it to Lori Anderson at pawneecityassistedliving@gmail.com.

THANK YOU!

WE THANK YOU FOR YOUR INTEREST

BEFORE YOU START FILLING OUT THIS APPLICATION, WE WANT TO EXPLAIN WHAT IT'S LIKE TO WORK HERE AND WHAT TYPE OF EMPLOYEE WE ARE LOOKING FOR.

We are an equal opportunity employer. Because we work with a diverse population, we ask that all employees have the ability to read, understand, and speak fluent English. You must be able to lift 50 pounds frequently and 100 pounds occasionally. Be sure and enter your last four job positions, whether you feel that they are relevant or not. It would be a good idea to contact the references ahead of time to let them know that we will be calling. It will make the processing of this application faster.

We are an assisted living facility providing care for seniors. Our manor is homelike and is **for people who need supervision and personal assistance**. Working at our facilities area lot like taking care of a very large family! **Please note:** Smoking is not permitted within the building and is restricted to the designated area outdoors.

Working at our facilities can be a lot of hard work, but it can also be very rewarding to know that you have made a difference in someone's life. You can make new friends, gain valuable work experience, and also have the opportunity to advance into supervision. On third shift, you may be on duty by yourself. Your supervisor will be on-call and will be able to answer your questions.

If you were the one living in our facility, you would expect a clean facility, well prepared food, fast and friendly assistance, and employees who cared for and respected you. ***At our facilities, everybody's duty is to please each resident and their co-workers! This includes:***

1. **Assist in meal preparation** and snacks as assigned
2. **Doing cleaning assignments** such as:
 - dusting, vacuuming and mopping
 - maintaining cleanliness of bedrooms
 - cleaning toilets and appliances
 - the general appearance of the facility
3. **Doing laundry**. This includes:
 - day to day washing and drying
 - putting clothes away
 - making sure all clothes are marked with the resident's name
4. **Administering medications and treatments:**
(We may train you to do this)
5. **Assisting in group and individual activities** as assigned
6. **Assisting with resident cares** in the morning or evening such as:
 - washing perennial areas and routine catheter care
 - shaving, combing hair, brushing resident's teeth, etc.

We want staff to really care about others and not just themselves. These tasks are not glamorous, but if you were a resident, you would realize how important they are. If they aren't done right, it will cause our residents a lot of discomfort, both physically and mentally. At our facilities, we give 24 hour care, seven days a week. We fill in for one another when one of us is sick so obviously, teamwork is very important here. As you can tell, everyone here must remain flexible because so much of our schedule depends on our residents and coworkers.

If this sounds like the job for you, please fill out an application. If this job doesn't quite feel right for you, there's no reason to fill out this application. We do thank you for checking us out! If you still have some questions, just ask. ***Again, thank you for your interest in working with the best!***

TO PROTECT OUR RESIDENTS AND OTHER STAFF MEMBERS, ALL EMPLOYEES MUST PASS AN INITIAL DRUG TEST, RANDOM DRUG CHECKS, ADULT AND CHILD PROTECTIVE AGENCY CHECKS, PRE-EMPLOYMENT PHYSICAL, AND CRIMINAL BACKGROUND CHECKS.

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or disability. **Please legibly print all information.**

Date: _____ Position Applied For: _____

Legal Name: _____
First middle initial Last Previous Names, if applicable

Address: _____
Street Apt.# City State Zip Code

Telephone: _____ Cellular or Beeper: _____

Email Address: _____ Other Number: _____

Mark the referral source: Advertisement Employee Agency Other: _____
 Have you filed an application here before? Yes No If yes, give date: _____
 Have you ever been employed here before? Yes No If yes, give date: _____
 Are you employed now? Yes No Date available: _____

What are you available to work? Check **all** that apply below:
 _____ Full Time _____ Part Time _____ Either Full or Part Time _____ School Breaks
 _____ Weekends _____ Day Shift _____ Evening Shift _____ Night Shift

Are you lawfully able to be employed in this country? Yes No

NOTICE: Proof of Citizenship or immigration status will be required – Form I-9

Are you on a lay-off and subject to recall? Yes No

Are you willing to work overtime or long shifts? Yes No

Can you travel if a job requires it? Yes No

If you were hired, would you be willing to work other shifts
 or days than you were hired for if needed? Yes No

Any shifts or hours that you would refuse to work? Yes No

Which Shifts and Why? _____

Can you perform the functions of this job with or without reasonable accommodations? Yes No

Have you ever been dismissed from employment for alleged abuse of residents or clients?.. Yes No

Do you have a history of violence and/or were convicted of a violent crime? Yes No

Please list below any felony or misdemeanor convictions along with the date of occurrence and county/state in which the conviction occurred. Please include a brief description of the conviction and be sure that you identify what the conviction was for. Attach an additional sheet of paper if necessary. Please note that a conviction is not necessarily a disqualification for employment.

_____ Date _____ County/State/Federal _____ Type of Conviction

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FOR OFFICE USE ONLY!

Immediately after reviewing this App., Should this person be interviewed? If not, why? _____

Signature of Employee Making the Decision: _____ Date: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude names of organizations, clubs, professional societies or other associations of which the applicant is a member which by their name or character indicates the race, color, religion, sex, age, national origin or presence of a disability of its membership.

PRESENT OR LAST JOB

Employer Name	Dates of Employment	Work Performed
_____	From _____	_____
Address _____		
_____	TO _____	_____
Job Title _____		
_____	Hourly Rate/Salary (Starting/Final)	_____
Supervisor _____		
_____	Phone _____	_____
Reason for Leaving _____		
_____	Was 2 wk. notice given?	_____
May we Contact? _____		

2ND LAST JOB

Employer Name	Dates of Employment	Work Performed
_____	From _____	_____
Address _____		
_____	TO _____	_____
Job Title _____		
_____	Hourly Rate/Salary (Starting/Final)	_____
Supervisor _____		
_____	Phone _____	_____
Reason for Leaving _____		
_____	Was 2 wk. notice given?	_____
May we Contact? _____		

3RD LAST JOB

Employer Name	Dates of Employment	Work Performed
_____	From _____	_____
Address _____		
_____	TO _____	_____
Job Title _____		
_____	Hourly Rate/Salary (Starting/Final)	_____
Supervisor _____		
_____	Phone _____	_____
Reason for Leaving _____		
_____	Was 2 wk. notice given?	_____
May we Contact? _____		

4TH LAST JOB

Employer Name	Dates of Employment	Work Performed
_____	From _____	_____
Address _____		
_____	TO _____	_____
Job Title _____		
_____	Hourly Rate/Salary (Starting/Final)	_____
Supervisor _____		
_____	Phone _____	_____
Reason for Leaving _____		
_____	Was 2 wk. notice given?	_____
May we Contact? _____		

REFERENCES OF PAST SUPERVISORS

Directions: Please fill in the names of two supervisors not related to you that you've known at least one year. Students: Please include at least one teacher or counselor as a reference.

1) _____
Name Address City, State, Zip

Relationship Known How Long Phone

2) _____
Name Address City, State, Zip

Relationship Known How Long Phone

REFERENCES OF PERSONAL FRIENDS

Directions: Please fill in the names of two personal friends not related to you that you've known at least one year.

1) _____
Name Address City, State, Zip

Relationship Known How Long Phone

2) _____
Name Address City, State, Zip

Relationship Known How Long Phone

EDUCATION

School Name	Location	Yrs.	Degree/Major
High			
College			
College			
Graduate			
CPR, 1st Aid			
NA, CSM, LPN			
Other			

Applicant: This form must be read, agreed with, and signed for your application to be considered.

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I agree that any false information in support of my application may make me be ineligible for hire or be subject to discharge at any time during the period of my employment.

I authorize any insurance company, employer, educational institution, law enforcement organization, state and federal agency including Nebraska's department of labor, information services bureau, medical facility, and other persons contacted to release or to verify any of the information regarding my character, performance, qualifications, background, prior disciplinary employment record, and reasons for termination of past employment to requesting Employer or its agent and release all parties involved in providing said information from any responsibility or liability.

I also authorize the release of my driving history, criminal records, and understand that they may contain information about my background, mode of living, character, and personal reputation.

I acknowledge that a telephone facsimile, a digital or photographic copy shall be as valid as the original.

I understand and agree that any job offer from R&D Holdings is contingent upon all criminal checks, Adult and Child Protective Agency and Certified Nurse Aide background checks, positive reference checks, employment physical, and drug testing as outlined in the Staff Manual. _____

I understand that if I am hired, I may be subject to drug and alcohol screenings, to the extent permitted by law, during the course of my employment for cause or pursuant to the company's drug and alcohol policy. I understand that my employment is contingent upon the satisfactorily passing of such tests. Therefore, a positive test result, the alteration or tampering with the test or its results, or my refusal to take the test may result in the disciplinary action up to and including termination of my employment.

If hired, I agree I will serve at the will of Haven Manor and further agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of Haven Manor as they are from time-to-time changed with or without notice to me.

I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason.

I hereby authorize R&D Holdings to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to R&D Holdings during the course of my employment.

I agree that these arrangements may only be altered in writing directed to me personally by the President of R&D Holdings.

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation of employment with R&D Holdings, exclusively by final and binding arbitration before a neutral Arbitrator. By way of example only, such claims include claims under federal, state and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort.

I further agree that if I should bring any action or claim arising out of my employment against R&D Holdings or facilities managed by R&D Holdings in which your employer prevails, I will pay to R&D Holdings any and all costs incurred by R&D Holdings in defense of said claims or actions, including attorney's fees.

Applicant's Signature

Date

QUESTIONS FOR YOU

We would like to know a few things about you. Please write us a couple of paragraphs on each question.

1. Why would you like to work for us?

2. Have you ever heard of, or spoken to anyone before about us?

3. What are your goals for the future?

KNOWLEDGE BASE EVALUATION FORM

PLEASE RATE YOUR EXPERIENCE FOR EACH PROCEDURE (G-GOOD / F-FAIR / P-POOR)

TRANSFERS:

- | | |
|---|---|
| <input type="checkbox"/> Bed to chair or wheelchair | <input type="checkbox"/> Wheelchair to bed |
| <input type="checkbox"/> Wheelchair to toilet | <input type="checkbox"/> Ambulation |
| <input type="checkbox"/> One person assist | <input type="checkbox"/> Stand By Assist |
| <input type="checkbox"/> Two person assist | <input type="checkbox"/> Ambulation w/ walker |
| <input type="checkbox"/> Use of a gait belt | <input type="checkbox"/> Ambulation w/ Cane |

MEALS:

- Puree food
- Thickened Liquids
- Resident w/ swallowing difficulties

BED MAKING:

- Unoccupied
- Occupied

ASSISTING A RESIDENT WITH:

- | | |
|--|---|
| <input type="checkbox"/> Brushing teeth | <input type="checkbox"/> Shower |
| <input type="checkbox"/> Cleaning dentures | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Cleaning glasses | <input type="checkbox"/> Bed Bath |
| <input type="checkbox"/> Applying hearing aides | <input type="checkbox"/> Shaving |
| <input type="checkbox"/> Dressing a dependent individual | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Applying support stockings | <input type="checkbox"/> Bowel and Bladder Training |
| <input type="checkbox"/> Toenail/Fingernail care | |
| <input type="checkbox"/> Peri-care | |

MONITORING:

- Blood pressure
- Taking Temperatures
- Taking pulse
- Respirations

ARE YOU FAMILIAR WITH:

- Electronic Charting
- Diabetic reactions
- Oxygen Administration

PLEASE TELL US ABOUT ANY OTHER EXPERIENCES YOU HAVE HAD:

APPLICANT SIGN.: _____

C.N.A. COMP. DATE: _____
(IF APPLICABLE)

DATE: _____

SEND COPY TO THE OFFICE: _____

APPLICANT DATA RECORD

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status or disability.

Solely to help us comply with government record keeping and other legal requirements, please fill out the Applicant Data Record. **This information shall not be used** in making any hiring decision or in any selection procedure.

(Please Print)

Date _____

Position Applied for _____

Referral Source:

Advertisement
Walk-In
Relative

Friend
Employment Agency
Other

Name _____
Last First M.I.

Phone _____
Area Code and Number

Address _____
Street City State Zip Code

Social Security Number _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, marital status, ethnicity, and age of applicants. This data is for analysis and Government reporting only.

Circle One: Female Male

Circle One: Single Married Divorced

Race/Ethnic Group: American Indian/Alaskan Native Asian/Pacific Islander
Black Hispanic White

Complete the Following: Date of Birth _____ Current Age _____