



# Painview Manor Whispering Pines

## EMPLOYMENT APPLICATION

PLEASE DO NOT WRITE IN SHADED AREAS – FOR OFFICE USE ONLY

**PLEASE PRINT**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Apartment # \_\_\_\_\_ Street Address \_\_\_\_\_ Preferred Name / Nickname \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Today's Date \_\_\_\_\_  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Alternate/Work Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Emergency Number \_\_\_\_\_ Contact \_\_\_\_\_

**PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION.**

Are you interested in: Full Time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary Work \_\_\_\_\_

Expected Hourly Pay(minimum if applicable) \_\_\_\_\_

How did you hear about us? Classified Ad (name of paper) \_\_\_\_\_ Friend (Name) \_\_\_\_\_ Radio \_\_\_\_\_ Internet \_\_\_\_\_

Are you over 19? Yes \_\_\_\_\_ No \_\_\_\_\_ (if NO, hire is subject to minimum legal age verification)

When are you able to start work? (Date) \_\_\_\_\_

What hours do you prefer to work?

Part-Time \_\_\_\_\_ Full-Time(1<sup>st</sup> shift) \_\_\_\_\_ Full-Time(2<sup>nd</sup> shift) \_\_\_\_\_ Full-Time (3<sup>rd</sup> shift) \_\_\_\_\_ Weekends \_\_\_\_\_

Have you worked for us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, previous job title \_\_\_\_\_ Reason for leaving? \_\_\_\_\_

**POSITION APPLYING FOR:** \_\_\_\_\_

List and special skills you have for the position applied for: \_\_\_\_\_

MILITARY: Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Duties/Discharge: \_\_\_\_\_

**EDUCATION: High School & College**

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Diploma/Degree \_\_\_\_\_



# Painview Manor

## Whispering Pines

COMPANY NAME ADDRESS LOCATION	1. WHAT DOES THE COMPANY DO?	POSITION OR DUTIES	1. Start BASE PAY RATE	DATES (MM/YY)	REASON FOR LEAVING	COMPANY PHONE NUMBER
	2. SUPERVISOR'S NAME		2. Base Pay Rate Ending			
	1.		1. \$	FROM		
	2.		2. \$	TO		
	1.		1. \$	FROM		
	2.		2. \$	TO		
	1.		1. \$	FROM		
	2.		2. \$	TO		
	1.		1. \$	FROM		
	2.		2. \$	TO		

### REFERENCES

Name/Company	Address	Relationship	Phone Number/Alt Phone

**APPLICANT: READ & SIGN BELOW:**

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that any false statements will be considered as cause for nonemployment or if I'm, employed, such statements will be considered as cause for my dismissal. You are hereby authorized to conduct any investigation of my military, employment and education history you consider appropriate to determine my qualification for the position for which I'm applying. *This facility is a Equal Opportunity Employer.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Reference Checks: (Office use only)**

Name/Company: \_\_\_\_\_ Position: \_\_\_\_\_ Dates of Hire: \_\_\_\_\_ to \_\_\_\_\_

Rehireable: Yes or No      Attendance Issue: Yes or No      Reason for Leaving: \_\_\_\_\_

Quality of Work: Excellent/Good/Fair/Poor      Quantity of Work: Excellent/Good/Fair/Poor

Comments:

Date Checked:

Name/Company: \_\_\_\_\_ Position: \_\_\_\_\_ Dates of Hire: \_\_\_\_\_ to \_\_\_\_\_

Rehireable: Yes or No      Attendance Issue: Yes or No      Reason for Leaving: \_\_\_\_\_

Quality of Work: Excellent/Good/Fair/Poor      Quantity of Work: Excellent/Good/Fair/Poor

Comments:

Date Checked:

Name/Company: \_\_\_\_\_ Position: \_\_\_\_\_ Dates of Hire: \_\_\_\_\_ to \_\_\_\_\_

Rehireable: Yes or No      Attendance Issue: Yes or No      Reason for Leaving: \_\_\_\_\_

Quality of Work: Excellent/Good/Fair/Poor      Quantity of Work: Excellent/Good/Fair/Poor

Comments:

Date Checked:

Position:

Date of Hire:

Starting Wage:

**Plainview Manor**  
**&**  
**Whispering Pines Assisted Living**  
101 W Harper Ave- PO Box 219- Plainview, NE 68769  
402-582-3849 or fax 402-582-3850

Employee Authorization for Reference Release

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Organization Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

To: Human Resources

I authorize the organization named above to release the following information regarding my employment with said organization. I release and hold harmless the organization and its employees from liability with regards to the following information that I authorize for release.

Date of Employment with You: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_

Attendance History:       Excellent    Good       Fair       Poor

Quantity of Work: Was the employee a good worker? Apply self well? Carried share of workload?    Excellent    Good       Fair       Poor

Quality of Work: Did the employee do the work the way it was supposed to be done?  
                          Excellent    Good       Fair       Poor

How was the employee's attendance?    Excellent    Good       Fair       Poor

Reason for Leaving? \_\_\_\_\_

Would you rehire?       Yes       No

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_





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:
Plainview Manor & Whispering Pines Assisted Living	2084

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):

--

Please release the following information to myself or the business or organization listed above (Check all that apply). This Authorization is valid for a period of 6 months from the date of the signature:.

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing:

- a. Date of the alleged child abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding that listing:

- a. Date of the alleged adult abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

\_\_\_\_\_  
Signature of Individual/Guardian

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
Printed Name of Individual/Guardian

\*Affix Official Notary seal here\*

\_\_\_\_\_  
Notary Public

Instructions: Mail completed form to :

DHHS Accounting  
P.O. Box 94906  
Lincoln, NE 68509

Amount: \$2.50 Per Release Form whether both Central Registries are marked or only one

Payment: Only Check or Money Order accepted. No cash. Make checks payable to "Department of Health and Human Services"

Note: If your Release Form is sent back as Incomplete, another payment of \$2.50 is required

REQUEST FOR CRIMINAL HISTORY INFORMATION

REPLY TO ATTENTION OF:

Plainview Manor  
PO Box 219  
Plainview NE 68769

TO:  
Nebraska State Patrol - CID  
3800 NW 12<sup>th</sup> St  
Suite A  
Lincoln, NE 68521

CRIMINAL HISTORY REQUESTED

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Print last/first/M.I.)

Maiden name/alias \_\_\_\_\_

Last known address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

S. S. # \_\_\_\_\_

Place of Birth \_\_\_\_\_

Race \_\_\_\_\_

Driver's License # \_\_\_\_\_

I hereby authorize the release of any and all criminal history information  
maintained on me.

\_\_\_\_\_  
Name (print last/first/M.I.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of requester



# Plainview Manor

## Orientation Paperwork

If you are offered employment at Plainview Manor,  
you must bring the following documents the first day you are to be at the facility.

Driver's License

Birth Certificate or Social Security Card

If unable to provide these documents, please call the office (402-582-3849) for more options.

Bank Information – This must include bank routing number and account number. A voided check or a printout from your banking institution with this information is required as we do mandatory direct deposit.

Immunization Records – to include Hepatitis B and TB

Covid Shot Records – Current shots with boosters

If you are not covid vaccinated, and do not wish to be, you will need to file for a medical or religious exemption. This will need to be approved by the Board on Directors before you can begin orientation.

CPR Card – for Medication aids and Nurses

License Number - if applicable