



## EXPERIENCE

Please give accurate and complete information. Start with present or most recent employer, including self-employment, part-time work, military employment, and any work performed on a volunteer basis over. **Account for your employment history, including significant gaps in employment, for the past 5 years.** All information must be included, even if you are attaching a resume. If necessary, please attach a separate sheet.

<b>Employer:</b>		<b>Work Performed:</b>
Address (Street, City, State):		
Telephone Number(s):		
Job Title:	Supervisor:	
Reason for Leaving:		
Dates Employed From:	To:	
<b>Employer:</b>		<b>Work Performed:</b>
Address (Street, City, State):		
Telephone Number(s):		
Job Title:	Supervisor:	
Reason for Leaving:		
Dates Employed From:	To:	
<b>Employer:</b>		<b>Work Performed:</b>
Address (Street, City, State):		
Telephone Number(s):		
Job Title:	Supervisor:	
Reason for Leaving:		
Dates Employed From:	To:	
<b>Employer:</b>		<b>Work Performed:</b>
Address (Street, City, State):		
Telephone Number(s):		
Job Title:	Supervisor:	
Reason for Leaving:		
Dates Employed From:	To:	

## SECURITY

Have you ever taken any merchandise, money, or property from an employer without permission?  Yes  No

If yes, provide details: \_\_\_\_\_

## EDUCATION

Circle highest grade completed: Elementary / Middle 6 7 8 High School 9 10 11 12 College 13 14 15 16+

List all, whether or not degree was obtained:

	Name of School	Location (City, State)	Field of Study	Degree	Received?
HIGH SCHOOL			High School	Diploma or GED	Yes / No
COLLEGE					Yes / No
COLLEGE					Yes / No

## SKILLS AND QUALIFICATIONS

Please check all that apply:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Data Entry          | <input type="checkbox"/> Microsoft® Excel      | <input type="checkbox"/> Medication Aide         | <input type="checkbox"/> Housekeeping    |
| <input type="checkbox"/> General Clerical    | <input type="checkbox"/> Microsoft® Outlook    | <input type="checkbox"/> Nurse's Aide, Certified | <input type="checkbox"/> Culinary Art    |
| <input type="checkbox"/> Payroll             | <input type="checkbox"/> Microsoft® PowerPoint | <input type="checkbox"/> LPN                     | <input type="checkbox"/> Maintenance     |
| <input type="checkbox"/> Bookkeeping         | <input type="checkbox"/> Microsoft® Word       | <input type="checkbox"/> RN                      | <input type="checkbox"/> Electrical      |
| <input type="checkbox"/> Financial Reporting |  |  | <input type="checkbox"/> Plumbing / HVAC |
| <input type="checkbox"/> Switchboard         |  |  |  |
| <input type="checkbox"/> Secretarial         |  |  |  |

List all license or certification information: \_\_\_\_\_

List any other special training, experience, skills, or qualifications relevant to the position for which you are applying:

## PERSONAL REFERENCES (No Relatives)

Please provide name, city/state where they currently reside, job title (if applicable), and telephone number of three personal references that are not related to you:

	Name	City / State	Job Title	Phone Number
1				
2				
3				

## SIGNATURE

### READ CAREFULLY BEFORE SIGNING AS THESE ITEMS REPRESENT SIGNIFICANT MATTERS IN CONNECTION WITH YOUR APPLICATION

I certify that the statements and information furnished by me in this application and in any other document submitted as part of the application process are true and correct. I understand that omitted, false or misstated statements on this application or any other document submitted as part of the application process are grounds for refusal to hire, or dismissal, regardless of when the Company becomes aware of the omitted, falsified, or misstated information.

I understand that Northfield Retirement Communities is not obligated to provide me with employment and that I am not obligated to accept employment. I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create a contract for continued employment with Northfield Retirement Communities, except as required by applicable federal, state, and local law. In addition, if an employment relationship is established, I acknowledge that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the Company or myself, and that this cannot be altered except by an express written agreement signed by myself (or my authorized representative) and a designated officer of the Company. I further understand and agree that no manager or other representative of the Company has the authority to make any verbal promises or commitments to me with respect to any term, condition, or privilege of my employment including compensation. I further understand that no policy, benefit, or procedure contained in any employee handbook creates a contract for continued employment. I understand and agree that, if hired, I will be required to abide by all rules and regulations of Northfield Retirement Communities and that my wages, benefits and conditions of employment can be changed by the Company at any time in its sole discretion.

While I understand that this application will be kept on file for a period of up to one year, I further understand that this application will be considered active for a period not to exceed ninety (90) days. I understand that if I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted for the position for which I am interested and, if so, submit a new application.

### MY SIGNATURE CERTIFIES THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS

SIGNATURE OF APPLICANT:

DATE OF APPLICATION:

## MANAGEMENT ONLY

Reviewed by: \_\_\_\_\_  
Signature Print Name Date Time

Pre-Screening Notice Given to Applicant

Interview scheduled for: \_\_\_\_\_  
Date Time



# NRC Pre-Employment Screening Notice

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Pursuant to company policy, Northfield Retirement Communities completes reference checks on all applicants. By signing below, you agree to have reference checks completed on past / present employment and any other references given.

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The applicant, \_\_\_\_\_ hereby consents that Northfield Retirement Communities is authorized to contact past or present employers and any other references given to verify any, and all, employment information including any drug testing and results. The applicant hereby releases any individual from any, and all, liability that may potentially result from the release and / or use of such information.

I, \_\_\_\_\_ authorize the following entities / individuals to be contacted (please checkmark those applicable):

Past Employer       Present Employer       Personal References

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## CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that NORTHFIELD RETIREMENT COMMUNITIES (Hereafter referred to as "Company") and / or its agent, C4 Operations, LLC may now, or at any time, I am assigned to volunteer with or am employed by this Company, conclude investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended, state driving records, financial or credit institutions; employment including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran's Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records enter, or other custodian of my military service record, to release to C4 Operations, LLC, the following information and / or copies of the documents from my military service record: DD214, service record and any disciplinary records.

I understand that these searches will be used to determine employment eligibility under the Company policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the Company. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from C4 Operations, LLC, 1203 3<sup>rd</sup> Street SE, Cedar Rapids, IA 52401 at (888) 519-6283. After reading this document, I fully understand its contents and authorize the background verification.

Applicant (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

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



## Nebraska State Patrol Sex Offender Request Form

Nebraska Health and Human Services System require that all individuals considered for hire by Northfield Retirement Communities, Inc. be checked on the Nebraska State Patrol Sex Offender Registry. By providing the following information, you authorize Northfield Retirement Communities to search the database and utilize any information contained therein.

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### MANAGEMENT ONLY

Date Registry Searched: \_\_\_\_\_

Pass:  Yes  No; If no, print report and attach.

Registry Checked By: \_\_\_\_\_