



217 E. Stolley Park Rd. Ste E
Grand Island, NE 68801
(308) 384-7625

Employment Application

Applicant Information

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#
City State Zip Code

Phone: _____ Email: _____

Position Applied for: _____

Date Available: _____ Desired Salary: \$ _____ /per hour

Are you legally authorized to work in the U.S.? Yes No

Are you age 19 or beyond? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment)
Yes No

If yes, explain: _____

What languages do you speak and write fluently? _____

Do you have family or friends that work at CFHC? Yes No

If so who? _____

Education/Skills/Experience

High School: _____ City/State: _____

Did you obtain a diploma or GED? Yes No

College: _____ City/State: _____

Did you graduate? Yes No Degree: _____

Other: _____ City/State: _____

Did you graduate? Yes No Degree: _____

Employment History (start with your most recent employment first)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this employer? Yes No

.....
Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this employer? Yes No

.....
Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact this employer? Yes No

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Please describe any additional experience, skills, training, certifications or licenses currently held that relate to the position being applied for:

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand an offer of employment, if made, is for employment at-will and is not to be construed as a guarantee of continued employment. I authorize Choice Family Health Care to contact listed references, current and previous employers unless indicated otherwise. I understand that proof of eligibility to work in the United States must be provided if selected for hire.

Signature: _____ Date: _____

Revised: 12/05/18