

**HOUSES OF HOPE OF NEBRASKA, INC.  
APPLICATION FOR EMPLOYMENT**

**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

Position Desired \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Do you have a Valid Nebraska Driver's License?  Yes  No License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**WORK EXPERIENCE**

FROM / TO (MO. & YR.)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

**REFERENCES**

NAME	ADDRESS & PHONE	BUSINESS	YEARS KNOWN

**LEGAL VIOLATIONS**

Have you ever been given a citation, arrested or convicted of a law violation (other than minor traffic violations)?  Yes  No If yes, list all law violations below including date(s), charge(s) and Disposition/Status

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

High School (Or GED) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name And Location Of School	Yr's Attended	Did You Graduate?	Major/Focus of Study
College				
Other Schooling/Training				
Area of Special Study/Research Work or Training				

Do You Have A Professional License / Certification / Registration?  Yes  No

If Yes, what is the credential(s) \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name      Address      City      State      Zip      Phone

**VOLUNTARY:** Providing the following information is voluntary and not a requirement of employment. This information will in no way affect Houses of Hope's decision regarding your application for employment.. Any voluntary responses will be used to assist us in recording information for statistical reports that we are obliged to file periodically with various government agencies. This information will be kept confidential.

**GENDER**    Female    Male   **VETERAN STATUS:**    Veteran    Not A Veteran   **RACE & ETHNICITY**    Hispanic or Latino    Not Hispanic or Latino  
**RACE:**    American Indian or Alaska Native    Asian    Black or African American    Native Hawaiian or Other Pacific Islander    White    Two or More Races

**ATTESTATION**   I ATTEST TO THE FOLLOWING:

- I am over the age of 21 (required for auto insurance coverage)
- I am capable of performing essential functions of this job    with, or    without accommodations
- I am free of any illegal substance use
- I have no history of loss of licensure, certification, registration
- I have no t experienced any loss or limitation of licensure, certification, registration privileges
- I have not experienced any licensure, certification, registration disciplinary actions
- I have not experienced any of the following actions
  - Malpractice
  - Professional insurance cancellation
  - Professional related criminal convictions
  - Medicare/Medicaid sanctions
  - Ethical violations

APPLICANT INITIALS VERIFYING ATTESTATION TO THE ABOVE BULLETED ITEMS \_\_\_\_\_ DATE OF ATTESTATION \_\_\_\_\_  
IF YOU ARE UNABLE TO INITIAL THE LINE ABOVE, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**"I CERTIFY THAT THE FACTS CONTAINED IN THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, MISREPRESENTATION OR FALSIFICATION OF STATEMENTS ON THIS APPLICATION IS GROUNDS FOR DISMISSAL. I authorize investigation of all statements contained on this application, references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative"**

DATE \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_

..... **DO NOT WRITE BELOW THIS LINE** .....

**INTERVIEWERS REMARKS**

Date of Interview \_\_\_\_\_ Staff Involved in Interview \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes: Attach additional interview notes if pertinent:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Position Offered:    Yes    No  
Position Accepted:    Yes    No   Tentative Start Date: \_\_\_\_\_