

OMNI Behavioral Health

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER () - ext:	REFERRED BY:		IF YOU ARE YOUNGER THAN 19, STATE YOUR AGE:

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
DO YOU WANT TO WORK: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME	IF PART-TIME, SPECIFY DAYS AND HOURS:	WILL YOU WORK OVERTIME WHEN REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED WITH OR WITHOUT A REASONABLE ACCOMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, EXPLAIN:

EDUCATION HISTORY

	NAME & ADDRESS OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE	SUBJECTS STUDIED & DEGREE RECEIVED
GRAMMAR SCHOOL			YES NO	
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
POST-GRADUATE STUDY			YES NO	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			YES NO	

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATES WORKED MONTH & YEAR	NAME, ADDRESS & PHONE # OF EMPLOYER	SUPERVISOR, JOB TITLE & JOB DUTIES	ENDING SALARY	REASON FOR LEAVING
FROM: MO ___ YR ___ TO: MO ___ YR ___				
FROM: MO ___ YR ___ TO: MO ___ YR ___				
FROM: MO ___ YR ___ TO: MO ___ YR ___				
FROM: MO ___ YR ___ TO: MO ___ YR ___				

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such law, OMNI Behavioral Health will verify the status of every individual offered employment with the company, and all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work in the United States on a full-time basis for all employers, or for your current employer only?

- All Employers Current Employer Only

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS	
US MILITARY SERVICE	RANK

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR A JOB

OFFENSE/VICTIM	WHERE	DATE OF ARREST	SENTENCE RECEIVED

OMNI Behavioral Health considers all applicants for employment without regard to race, color, religion, gender, national origin, age, handicap, marital status, or United States Military service. In addition, OMNI Behavioral Health complies with all applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it has employees. OMNI Behavioral Health also provides "reasonable accommodations" to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local laws.

I acknowledge and agree that all statements made herein and in my resume are subject to investigation and confirmation by OMNI Behavioral Health, and that all such information is correct to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations, or omissions of material fact may preclude any offer of employment, or may result in a withdrawal of an employment offer, or may result in discharge from employment if I am already employed at the time the misrepresentation or omission is discovered.

Any offer of employment I may receive from OMNI Behavioral Health is contingent upon 1) my successful completion of all pre-employment screening, including the receipt of references considered satisfactory by OMNI Behavioral Health, and 2) my satisfactory completion of any post-offer pre-employment medical examination that OMNI Behavioral Health may require. I also agree, if employed, to submit to medical examination at any time requested by OMNI Behavioral Health. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to OMNI Behavioral Health.

I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of OMNI Behavioral Health. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to OMNI Behavioral Health.

I hereby authorize and release from liability any former employer, educational institution, or other person or institution to questions pertaining to information in this application, and to release the details of my work, skills, or actions in any transaction and to provide documentary evidence thereof to OMNI Behavioral Health. Further, I release OMNI Behavioral Health from liability that might result from an investigation.

I understand that the use of this application does not indicate there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those specifically authorized by the management of OMNI Behavioral Health which have been reduced to writing and have been executed by both myself and an authorized representative of OMNI Behavioral Health. I agree that OMNI Behavioral Health's Personnel Policy Manual is NOT and will at NO time be construed as an employment contract. Accordingly, I understand that no employment contract, either express or implied, for any period, is created hereby, should OMNI Behavioral Health hire me.

Should OMNI Behavioral Health hire me, I agree to observe and abide by all of OMNI Behavioral Health's policies, practices, and procedures currently in existence and further agree to observe and abide by new and revised policies, practices, and procedures, which may be issued in the future at the sole discretion of OMNI Behavioral Health. Employment with OMNI Behavioral Health will not be offered to me until all background checks are completed to the satisfaction of OMNI Behavioral Health, and I hereby authorize OMNI Behavioral Health to conduct both pre-employment and periodic background checks during employment, should I become employed, as required by law or the management of OMNI Behavioral Health.

_____ Signature _____ Date _____

Nebraska Department of Motor Vehicles Records Check

****Please provide a quality copy of your driver's license along with this document.****

I hereby authorize the Nebraska Department of Motor Vehicles to conduct a records check on me and to provide the results to OMNI Behavioral Health's Human Resources Coordinator.

Printed Name

NE Driver's License #

Signature

Date



Division of Children and Family Services

State of Nebraska

Dave Heineman, Governor

AGENCY REQUEST FOR INFORMATION FROM THE NEBRASKA ADULT AND CHILD ABUSE AND NEGLECT REGISTER/REGISTRY

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name/ Fax: _____
Please do not use abbreviations

Address and Phone Number: _____

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Print Full Legal Name: (applicant) _____

Signature (applicant)

Date

Current Address: _____
(Street/City/State/Zip)

Applicant Date of Birth

Applicant Social Security Number

Other names previously used such as former married names, maiden name and nick names. Please Print.

Names and birth dates of your children and children who have lived with you. Please Print.

Any Address at which you have resided during the past 20 years. Please Print.

