

**Mother Hull Home
125 East 23rd St
Kearney, NE 68847
(308) 234-2447**

On-Line Application for Employment

Name: _____ Phone #: _____

Present Address: _____

Permanent Address (if different than present address):

What position are you applying for?

_____ Full Time or Part Time

What is your availability? Day shift 6:00am-2:30pm Evening Shift: 2:00pm-10:00pm

Night Shift: 10:00pm-6:00am

Weekends....yes/no Holidays....yes/no On Call...yes/no

Do you have a professional license or certification? Yes/no If yes, please list the type, organization or State Issued, the date issued and the number

Education/Training

High School _____ Did you graduate? Yes/no

College _____ Did you graduate? Yes/no

Degree or Certificate Received _____

Employment History

Company Name: _____ Dates employed: _____

Position Title _____ Supervisor's Name _____

May we contact for a reference? Yes/No Phone #: _____

Company Name: _____ Dates employed: _____

Position Title _____ Supervisor's Name _____

May we contact for a reference? Yes/No Phone #: _____

Company Name: _____ Dates employed: _____

Position Title _____ Supervisor's Name _____

May we contact for a reference? Yes/No Phone #: _____

Company Name: _____ Dates employed: _____

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Company Name: _____ Dates employed: _____

Position Title _____ Supervisor's Name _____

May we contact for a reference? Yes/No Phone #: _____

Company Name: _____ Dates employed: _____

Position Title _____ Supervisor's Name _____

May we contact for a reference? Yes/No Phone #: _____

Other References:

Please list at least two references who are not relatives or former employers that we may contact.

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Name: _____ Relationship: _____ Phone _____

Mother Hull Home does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on the application is intended to secure information to be used for such discrimination.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I voluntarily give Mother Hull Home the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

If employed, I understand that I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____ Date: _____