



Thank you for your interest in employment with Orchard Gardens Assisted Living. We are committed to providing exceptional care to our residents and, for that reason, our expectations of our team of employees are great. Our high expectations not only enable us to meet our business goals, they more importantly gives us the opportunity to work and grow with dedicated people who want to make a difference each day in the lives of our residents, their families and our staff.

Prior to completing the attached application, please take a moment and review a list of **non-negotiable employment expectations** we have for our staff. If you feel as though our business philosophy aligns with your professional standard, please sign this letter and complete the attached application.

**Non-Negotiable employment expectations:**

- Kind, trustworthy and honest
- Reliable transportation
- On time, in position and ready to work at the start of each shift
- Always in uniform with name badge
- Clean and neat in appearance
- Piercings limited to ears only and earrings will be minimal in size
- Any tattoo over the size of a quarter and/or non discrete must be covered up
- Appropriate language with residents, their families and fellow colleagues
- Personal cell phones used only in the staff lounge during scheduled breaks
- Adherence to break schedule
- No solicitation of any kind
- No accepting of gifts from residents and/or their families
- Unless otherwise informed, all information is to be regarded as confidential
- Adherence to all policies listed within the employee handbook
- Performing in accordance with the position specific job description

All applications will be reviewed in a timely manner and you will be contacted on the status of your application. Again, we thank you for your interest in Orchard Gardens Assisted Living Community, and look forward to the opportunity to work with colleagues who make a positive difference each day in the lives of the people we serve.

Sincerely,

A handwritten signature in dark ink that reads "Kris F. Pryor, RN". The signature is written in a cursive style.

Kris F. Pryor, RN  
Director of Senior Housing

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Applicant Signature

Date



The Douglas County Housing Authority promotes and maintains equal employment opportunity in accordance with all federal and state laws. We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

All Douglas County Housing Authority properties are smoke free.



**APPLICANT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M. I.

Address: \_\_\_\_\_  
No. Street City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Fax No.: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Area Code

Social Security No. \_\_\_\_\_ Referred by: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Volunteer  Full-time  Part-time

If part-time, specify days and hours: \_\_\_\_\_

Are you at least 18 years of age? Yes  No

Minimum Salary Required, if applying for paid position: \_\_\_\_\_ Date Available: \_\_\_\_\_

**PERSONAL DATA**

Please list all names under which you have been employed (i.e. maiden, married, alias, etc.) including current name:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever applied for a position at The Douglas County Housing Authority? Yes  No

If yes, month and year: \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever held a position with us before? Yes  No  If yes, give date: \_\_\_\_\_

Do you have a relative who is a volunteer or an employee at The Douglas County Housing Authority? Yes  No

If yes, who? \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of a felony, any offense involving physical abuse of others, destruction of property, theft or misappropriation of funds? Yes  No

(Answering "Yes" does not automatically disqualify you from employment since the nature of the offense, the date of the offense, and type of job for which you are applying will be considered.)

If yes, please explain: \_\_\_\_\_

**EDUCATION**

Please list ALL education starting with highest year completed. List name of school, university or institution and location.	Did you Graduate?	GPA?	Degree, Credit Hours, Certificate Received	List College Major or Primary Course of Study

**EMPLOYMENT HISTORY****A. PRESENT OR LAST EMPLOYER**

Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Phone Number: (     ) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Date of Employment, from: \_\_\_\_\_ to: \_\_\_\_\_ Full-time  Part-time   
 Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Duties, Job Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**B. PREVIOUS EMPLOYER**

Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Phone Number: (     ) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Date of Employment, from: \_\_\_\_\_ to: \_\_\_\_\_ Full-time  Part-time   
 Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Duties, Job Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**C. PREVIOUS EMPLOYER**

Employer: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Phone Number: (     ) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Date of Employment, from: \_\_\_\_\_ to: \_\_\_\_\_ Full-time  Part-time   
 Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Duties, Job Performed: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**D. PREVIOUS EMPLOYER**

Employer: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date of Employment, from: \_\_\_\_\_ to: \_\_\_\_\_ Full-time  Part-time   
Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties, Job Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**BUSINESS REFERENCES**

A. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

B. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

C. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

D. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

**DRIVING RECORD**

**Before The Douglas County Housing Authority employs any candidate for a position involving driving, we will check and evaluate the candidate's driving record.**

Do you have a valid driver's license? Yes  No

Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

During the past three (3) years, have you ever been denied a driver's license or convicted of a moving traffic offense, including but not limited to speeding, driving while intoxicated (driving under the influence) or reckless driving? (Answering "yes" does not automatically disqualify you from employment since the nature of the offense, the date of the offense and type of job for which you are applying will be considered.)

Yes  No  If yes, please explain: \_\_\_\_\_

**AUTHORIZATION/RELEASE OF LIABILITY**

I acknowledge that in connection with my employment or application for employment that I may be required to take a medical, psychological, or drug screen examination. I hereby authorize the release to The Douglas County Housing Authority the results of the examinations or drug screen including sampling of fluids, performed by any doctor(s) or clinic(s) to which I am referred by The Douglas County Housing Authority. I authorize The Douglas County Housing Authority to make a bona fide communication of this information within The Douglas County Housing Authority to those who have an interest in the subject matter of the information and to whom it is proper to give the information.

I authorize educational institutions, references, law enforcement agencies, private/state organizations and previous employers having information about me to release any and all information to The Douglas County Housing Authority. I am signing this Authorization/Release of Liability voluntarily so that The Douglas County Housing Authority can evaluate my suitability for employment with them. I, therefore, waive and release educational institutions, references, law enforcement agencies, private/state organizations and previous employers from any and all claims or causes of action in law or equity, including but not limited to, defamation of character or invasion of privacy which might arise from responding to the Douglas County Housing Authority's request for information.

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SIGNATURE

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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

The State of Nebraska approved this form, any alteration will invalidate it.

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: Orchard Gardens Assisted Living 402-359-4600
Please do not use abbreviations

Address and Phone Number: 1006 South Mayne Valley, NE 68064 402-359-4884

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.



**AUTHORIZATION FOR RELEASE OF INFORMATION  
CRIMINAL BACKGROUND CHECK**

I understand that as a condition of my employment a criminal background check will be conducted with local law enforcement.

Name: (Print or type) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

Previous Addresses (past 20 years) (1) \_\_\_\_\_  
Street City State Zip

(2) \_\_\_\_\_ (3) \_\_\_\_\_  
Street City State Zip Street City State Zip

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License # & State: \_\_\_\_\_

List any other names used in the past twenty (20) years. Please print or type.

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

Signature of applicant/employee \_\_\_\_\_ Date signed \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date Signed \_\_\_\_\_