



Print Legibly and Use Ink

Position Applied for: _____ **Date of Application:** _____

Last Name: _____ First Name: _____

Address: _____ City, St, Zip: _____

Phone : _____ 2nd Phone: _____

Employers: (List most recent employer first for the last Five Years)

Company: _____ Phone: _____ Supervisor: _____

Address: _____ Position Held: _____

City, St, Zip: _____ From: _____ To: _____

Job Duties: _____

Reason for Leaving: _____

Company: _____ Phone: _____ Supervisor: _____

Address: _____ Position Held: _____

City, St, Zip: _____ From: _____ To: _____

Job Duties: _____

Reason for Leaving: _____

Northfield Retirement Communities, Inc.



Company: _____ Phone: _____ Supervisor: _____

Address: _____ Position Held: _____

City, St, Zip: _____ From: _____ To: _____

Job Duties: _____

Reason for Leaving: _____

Company: _____ Phone: _____ Supervisor: _____

Address: _____ Position Held: _____

City, St, Zip: _____ From: _____ To: _____

Job Duties: _____

Reason for Leaving: _____

Company: _____ Phone: _____ Supervisor: _____

Address: _____ Position Held: _____

City, St, Zip: _____ From: _____ To: _____

Job Duties: _____

Reason for Leaving: _____

(For giving additional information on last employers, please attach additional sheets.)

Describe any specialized training, apprenticeship or skills: _____



Northfield Retirement Communities, Inc.

Referral Source: _____ Walk in _____ Family/Friend Name of person _____

Newspaper _____ Internet _____ What internet source: _____

Are you seeking Full Time _____ Part Time _____ Number of hours per week _____

Can you work overtime? Yes No

Are you able to work evenings and weekends? Yes No

Are you on layoff and subject to recall? Yes No

Best time to contact you _____

Have you ever been employed by NRC? Yes No

If yes, dates and position held _____

Are any of your relatives employees here? Yes No

If yes, who? _____

Date available for work? _____ What is your desired salary? _____

Please list three personal references (No Relatives)

Name: _____ Job Title: _____ Phone: _____

Name: _____ Job Title: _____ Phone: _____

Name: _____ Job Title: _____ Phone: _____



Employment Application Disclaimer and Acknowledgement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Signature

Date



Northfield Retirement Communities

2100 Circle Dr

Scottsbluff, NE 69361

Ph – 308-630-8162 Fax – 308-633-3768

Pursuant to company policy, Northfield Retirement Communities completes reference checks on all applicants. By signing below, you agree to have reference checks completed on past/present employment and any other references given.

The applicant, _____ hereby consents that Northfield Retirement Communities is authorized to contact past or present employers and any other references given to verify any, and all employment information including any drug testing and results. The applicant hereby releases any individual from any, and all liability that may potentially result from the release and/or use of such information.

Please check box for who can be contacted:

- Past Employer
- Present Employer
- Personal References

Applicant Signature

Date

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)**

This authorization and consent for release of personal information acknowledges that Northfield Retirement Community (Hereafter referred to as "Company") and/or its agent, **C4 Operations LLC**, may now, or at any time I am assigned to, volunteer with or am employed by this ~~Company~~, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records enter, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine employment eligibility under the **Company** policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the **Company**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, 1203 3rd St SE, Cedar Rapids IA 52401 at (888) 519-6283**. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES _____ NO _____
If so, do you want a copy of any Consumer Report prepared concerning you? YES _____ NO _____

I understand that California law requires **Company** to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.29).

Signed this _____ day of _____, 20_____.

Applicant (Print Name): _____

Applicant Signature: _____

Northfield Retirement Communities, Inc.

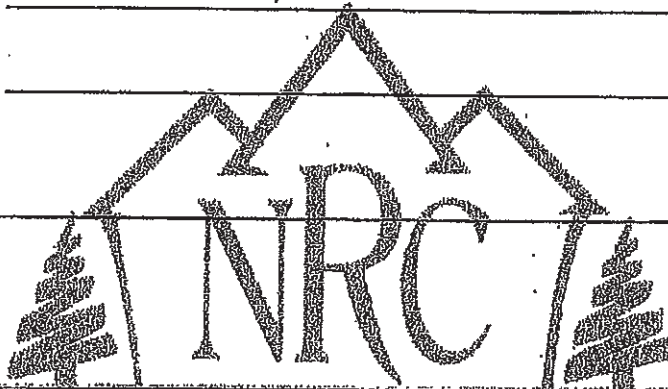
Nebraska State Patrol Sex Offender Request Form

Nebraska Health and Human Services System require that all individuals considered for hire by Northfield Retirement Communities, Inc. be checked on the Nebraska State Patrol Sex Offender Registry.

Name: _____

Address: _____

Employee
Signature: _____



Human Resource Use Only
Northfield Retirement Communities
Registry Check (date) <input type="checkbox"/> The Vista <input type="checkbox"/> The Residency _____
Pass – Y/N _____
Registry Checked by: _____



**Disclosure to Employment Applicant
Regarding Procurement of a Consumer Report/Background Check**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. We may also obtain information about your driving history by searching motor vehicle records. Please be advised that you have the right to request, in writing, within a reasonable amount of time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

By your signature below, you hereby authorize us to obtain a consumer report and investigative a consumer report about you, including, but not limited to, motor vehicle records and criminal history records, in order to consider you for employment.

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Parent or Guardian Signature if Under 19: _____

Social Security Number: _____ - _____ - _____

Birthdate: _____ - _____ - _____

Drivers License Number: _____

State: _____

To be completed by applicants applying for licensed positions.

Have you ever held, or do you presently hold, any professional license? Yes: _____ No: _____

If yes, is license current? Yes: _____ No: _____ Type: _____ Number: _____

Is license in good standing? Yes: _____ No: _____

Have you ever had a professional license suspended? Yes: _____ No: _____

If yes, why? _____

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms of conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources Department.

Please Print:

Position (s) Applied for: _____

Name: _____

Address: _____

Referral Sources: Advertisement Friend Relative Walk-in
 Employment Agency Website Other

Gender:

Male

Female

Race/Ethnicity:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify)

Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups or Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races

Date Completed: _____

Thank you for your participation.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, as of September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identify theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051