

## Employment Application Form

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE  
(Must be signed prior to  
submitting)**



**Bella Wellness &  
Aesthetics**  
1201 Park Drive, Suite  
101  
Hickman, NE 68372  
P: (402) 792-2237

### APPLICATION FOR EMPLOYMENT

(All components of the application must be completed for consideration for employment)

<b>PLEASE COMPLETE PAGES 1-5.</b>	DATE _____
Name _____	
Last	First
Middle	Maiden
Present address _____	
Number	Street
City	State
Zip	
How long _____	Social Security No. _____ - _____ - _____
Telephone (____) _____	
If under 18, please list age _____	
Position applied for (1) _____	Days/hours available to work:
and salary desired (2) _____	No Pref _____ Thur _____
(Be specific)	Mon _____ Fri _____
	Tue _____ Sat _____
	Wed _____ Sun _____
How many hours can you work weekly? _____	
Can you work evening hours? _____	
Employment desired	<input type="checkbox"/> FULL TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL OR PART-TIME
When available for work? _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED/ YEAR GRADUATED	MAJOR & DEGREE
High School				
Bus. or Trade School				
Undergraduate				
Graduate				
Post-Graduate / Other				

LICENSURE

TYPE	STATE	NUMBER	DATE ISSUED	EXPIRATION DATE	TEMPORARY / PERMANENT

List any certifications you may hold (CPR, BLC, ACLS, PALS, ATLS, etc.):

\_\_\_\_\_

LANGUAGES SPOKEN

Language	Are you able to speak this language fluently?

HAVE YOU EVER BEEN CONVICTED OF A CRIME?       No       Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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

HAVE YOU EVER BEEN CONVICTED OF, OR PLEADED NOLO CONTENDERE TO, OR ARE YOU CURRENTLY UNDER INVESTIGATION FOR FEDERAL OR STATE FELONY OR OTHER CRIMINAL CHARGE OR HAVE YOU EVER SERVED A PRISON SENTENCE?       No       Yes

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

\_\_\_\_\_

HAVE YOU EVER PRACTICED UNDER OR HELD A LICENSE IN A DIFFERENT NAME?       No       Yes

If yes, please provide name(s): \_\_\_\_\_

HAVE YOU EVER BEEN TERMINATED FROM AN EMPLOYER?       No       Yes

If yes, which employer and explain the reason for termination: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN FORMALLY DISCIPLINED BY A PAST EMPLOYER?       No       Yes

If yes, which employer and explain the disciplinary action taken: \_\_\_\_\_

\_\_\_\_\_

HAS ANY DISCIPLINARY ACTION EVER BEEN INSTITUTED AGAINST YOUR LICENSE TO PRACTICE IN YOUR PROFESSIONAL IN ANY STATE OR COUNTRY, OR IS ANY SUCH ACTION PENDING AGAINST YOU?       No       Yes

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

\_\_\_\_\_

HAS ANY DISCIPLINARY ACTION EVER BEEN INSTITUTED AGAINST YOUR DEA REGISTRATION OR CDS LICENSE, OR HAVE YOU VOLUNTARILY SURRENDERED OR LIMITED YOUR REGISTRATION, OR IS ANY SUCH ACTION PENDING?       No       Yes

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

\_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED OR REVOKED FROM THE MEDICARE OR MEDICAID PROGRAM, OR OTHER GOVERNMENT PROGRAM, OR HAS YOUR PARTICIPATION STATUS EVER BEEN MODIFIED?  No  Yes

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

HAVE YOUR CLINICAL PRIVILEGES AT ANY HOSPITAL OR HEALTHCARE INSTITUTIONS BEEN VOLUNTARILY OR INVOLUNTARILY REVOKED, NOT RENEWED, OR SUBJECTED TO PROBATIONARY OR OTHER DISCIPLINARY CONDITIONS, OR HAS ANY PROCEEDING BEEN INSTITUTED OR RECOMMENDED BY A HOSPITAL ADMINISTRATION, MEDICAL STAFF COMMITTEE OR GOVERNING BOARD?  No  Yes

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

HAVE YOU EVER RECEIVED A SANCTION FROM A REGULATORY AGENCY (E.G. CLIA, OSHA, ETC.)?  No  Yes

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

DO YOU CURRENTLY HAVE ANY ONGOING PHYSICAL OR MENTAL IMPAIRMENT OR CONDITION WHICH WOULD MAKE YOU UNABLE, WITH OR WITHOUT REASONABLE ACCOMMODATION, TO PERFORM THE ESSENTIAL FUNCTIONS OF A PRACTITIONER IN YOUR AREA OF PRACTICE, OR UNABLE TO PERFORM THE ESSENTIAL FUNCTIONS WITHOUT A DIRECT THREAT TO THE HEALTH AND SAFETY OF OTHERS?  No  Yes

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



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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD OR RESERVES?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_

Discharge Date \_\_\_\_\_ Honorable  Yes  No

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_



## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Bella Wellness & Aesthetics** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee Bella Wellness & Aesthetics, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Bella Wellness & Aesthetics may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

Bella Wellness & Aesthetics is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**AUTHORIZATION AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, hereby authorize my prior employers to release any and all information relating to my employment with them to Bella Wellness & Aesthetics. I further release and hold harmless both my former employers and Bella Wellness & Aesthetics from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed

**Background and Reference Check Authorization Form**

I have applied for employment with a **Bella Wellness & Aesthetics (BWA)**. As part of the **BWA** application or screening process, I understand that **BWA** will conduct a background and reference check, which will include a review of public records, my criminal history, and inquiries of my former employers, and organizations to which I belong, and the references which I have provided regarding my qualifications for employment or membership.

If I am applying for a position involving the organization's finances, billing or other related activities then I also expressly agree to permit a check of my credit history.

**I hereby authorize BWA to conduct this background and reference check as part of my application or contracting process. Further, on behalf of myself and my heirs, assignees, and personal representatives, I hereby release and forever discharge BWA, and its employees, agents and contractors, from any and all causes of action, liability, claim, loss, cost, or expense, and promise not to sue on any such claims against any such person or organization, arising directly or indirectly from or attributable in any legal way to this background check. I also hereby release and forever discharge any individual, agency or organization providing any information about me to Bella Wellness & Aesthetics, from any and all causes of action, liability, claim, loss, cost or expense whatsoever related to the furnishing of such information.**

\_\_\_\_\_  
**Employee Name**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**SOCIAL SECURITY NO.**