

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	E-mail	Social Security Number (Voluntary)

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
..... If Yes, give date _____

Have you ever been employed with us before?..... Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you lawfully authorized to work in the United States? Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



**IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
FORM C**

ACCOUNT NUMBER _____

**TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
515.281.5138
515.2424.6876 (fax)**

FROM _____

Phone# _____

Fax# _____

I am requesting an Iowa Criminal History Check on:

(Type/Print Legibly)

REQUEST

Last Name
(mandatory)

First Name
(mandatory)

Middle Name
(mandatory)

Date of Birth
(mandatory)

Sex
(mandatory)

Social Security Number
(mandatory)

Signature of Requester

WAIVER

I hereby give permission for the above requesting official to conduct on Iowa criminal history check with the Division of Criminal Investigation.

Signature

Date

Facility: _____ Today's Date: _____

New Employee or Change of Employee Information Worksheet

Legal Last Name: _____ Legal First Name: _____

Maiden Name: _____ Prof. License #/State: _____

Middle Initial: _____ EMP#: _____ SS#: _____ DOB: _____

Current Street Address: _____

Current City: _____ Current State: _____ Current Zip: _____

Pursuant to federal law, health care providers are prohibited from employing individuals who have been placed on the OIG Exclusion List maintained by the Attorney General's Office of the United States or the EPLS List. Employers have a continued obligation to periodically check whether employees have been placed on these lists and must maintain current information regarding the identification of their employees.

Have you ever been known by another legal last name? Y N If so, list all other legal last names:

Do you go by a different first name, other than your legal name? Y N If so, list all other legal first names: _____

Previous Address, City, State: _____

Do you have knowledge of being placed on the OIG Exclusion List? Y N If so, when? _____

Please explain if you answered yes: _____

Have you ever had a professional license subject to suspension or revocation? Please explain: _____

Have you ever voluntarily relinquished your professional license? Please explain: _____

Please read carefully before signing: I certify that the above information provided is true and complete to the best of my knowledge. I understand that the Facility may investigate all statements made in this document and that any false or misleading information I have provided can result in a decision to immediately discharge or lead to civil or criminal penalties as appropriate.

Signature: _____ Date: _____