

APPLICATION FOR EMPLOYMENT

HIAWATHA CARE CENTER

PLEASE PRINT

DATE OF APPLICATION _____ POSITION APPLYING FOR _____

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____

TELEPHONE () _____ SOCIAL SECURITY NUMBER ____/____/____

EMAIL _____

ARE YOU AT LEAST 18 YEARS OF AGE? ____ YES ____ NO ARE YOU AT LEAST 16 YEARS OF AGE? ____ YES ____ NO
IF LESS THAN 16 DO YOU HAVE WORK PERMIT? ____ YES ____ NO

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? ____ YES ____ NO IF YES, GIVE DATE _____

ARE YOU EMPLOYED NOW? ____ YES ____ NO
MAY WE CONTACT YOUR PRESENT EMPLOYER ____ YES ____ NO

CAN YOU, IF HIRED SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN U.S.?
____ YES ____ NO

IF HIRED, YOU WILL BE REQUIRED TO SUBMIT DOCUMENTS SUFFICIENT TO ESTABLISH EMPLOYMENT AUTHORIZATION & IDENTIFY COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. WHILE YOU NEED NOT PROVIDE THIS PROOF OF CITIZENSHIP OR IMMIGRATION STATUS AT THE TIME YOU ARE INTERVIEWED, PLEASE BE PREPARED TO ASSURE US THAT YOU CAN DO SO IMMEDIATELY UPON BEING HIRED.

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____ EXPECTED SALARY: _____

ARE YOU AVAILABLE TO WORK: ____ FULL TIME ____ PART TIME

TEMPORARY WHAT DAYS? S M T W T F S WHAT HOURS? ____ 6-2 ____ 2-10 ____ 10-6 ____ OTHER

ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? ____ YES ____ NO

GIVE NAME, ADDRESS & TELEPHONE NUMBER OF 3 REFERENCES WHO ARE NOT RELATED TO YOU & ARE NOT PREVIOUS EMPLOYERS:

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THIS STATE OR ANY OTHER? ____ YES ____ NO

DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE? ____ YES ____ NO

I HAVE BEEN INFORMED BY HIRING PERSONNEL THAT AN IOWA CRIMINAL HISTORY/DEPENDENT ADULT ABUSE CHECK WILL BE CONDUCTED PRIOR TO HIRING. I HAVE ALSO BEEN INFORMED THAT MY NURSING/C.N.A. LICENSE WILL BE VERIFIED AT THIS TIME. BY SIGNING MY SIGNATURE, I GIVE PERMISSION TO PROMISE HOUSE TO PERFORM THIS CHECK.

SIGNATURE _____ DATE _____

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

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

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Additional Information

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills & qualifications from employment or other experience.

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Applicant's Statement

<p>I certify that answers given herein are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. The 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 the time.</p> <p>I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is on 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.</p> <p>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.</p>

Signature of Applicant

Date

Facility: Hiawatha Care Center

Today's Date: _____

NEW EMPLOYEE OR CHANGE OF EMPLOYEE INFORMATION WORKSHEET

Legal Last Name: _____ Legal First Name: _____

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

Maiden Name: _____ SS#: _____ DOB: _____

Current Address: _____

City: _____ State: _____ 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 name? Y N If so, list all other legal names:

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

Previous States you have worked in: _____

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? Y N
Please explain: _____

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

Have you ever defaulted on a Student Loan? Y N If so, when? _____

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: _____