



Federal and state laws prohibit discrimination in employment practices on account of race, creed, color, national origin, ancestry, sex, age, marital status, veteran status or handicap. LAST NAME, FIRST NAME, MIDDLE INITIAL:	Date:
Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work record? Explain.	Social Security Number:
Present Address (Include Street, City, State and Zipcode)	Phone Number:
Last Previous Address (if present address less than two years)	Are you over 17 years of age?
Are you legally employable within the United State at the present time?	If under 18, do you have working papers?
Have you ever applied to this organization for a job before? If yes, when	Were you ever employed by this organization?
Do you have a record of founded child or dependent adult abuse or have you ever been convicted of crime in this state or any other state? * *Please fill-out the attached IOWA HEALTH CARE FACILITY RECORD CHECK, your signature indicates that you are aware of this Criminal Check.	What brought you to this organization? _ newspaper ad _ school _ employment agency _ state employ.service _ friend/employee _ on my own _ other source
STATUS DESIRED: (circle one please) Full / Part-time / Summer	Salary Desired:\$
POSITION DESIRED:	Earliest start date:

WORK EXPERIENCE: Account for all employment since high school or the last ten years, whichever is less, with most recent experience first.

From: Mo/Yr	To: Mo/Yr	Employer Name, Address, Phone#	Beg	End	Supervisor's Name, Title	Reason for leaving

Account for all unemployment since leaving school and between positions for the last ten years.

From:	To:	State what you were doing.	Persons other than relatives who can confirm unemployment (give tel.#).

APPLICATION FOR EMPLOYMENT - continued

Please also read before signing. If you have any questions regarding this statement, please ask them of any interviewer before signing.

In the event of my employment with this organization, I will comply with all the rules and regulations as set forth in the organization's policy manual or other communications distributed to all staff members. I understand that such employment is conditioned upon a favorable health evaluation which may include a physical examination by a doctor selected by the organization and to which I hereby assent. I further agree to complete all necessary forms in that regard. Additionally I authorize the organization to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand this falsification could result in termination of my employment. In consideration of my employment, I agree to conform to the rules and regulations of the organization. I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the organization or myself. This is not a contract of employment. Any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand and agree that any employment will be at the sole discretion of the organization. If accepted for employment, I agree to have my fingerprints and photograph taken for the purposes of identification and the maintenance of internal security. I understand that past employers/educational institutions and/or the military will be contacted for references. For reference purposes.

you may you may not contact my present employer.

you may you may not check any and all references and other information I have provided.

EQUAL OPPORTUNITY EMPLOYER: It is the policy of this Company to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, handicap, age or veteran's status and to make employment decisions consistent with this principle or equal employment opportunity. To this end, this Company affirmatively seeks to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and conducts all employment activities, including by not limited to hiring, promotion, demotion, transfer recruitment, advertising, layoff, discharge, rates of pay and selection for training without regard to race, color, religion, sex, age, handicap or national origin.

Signature of Applicant _____ Date _____

FOR FACILITY USE ONLY

Position _____ Shift _____ Part-time _____ Full-time _____ Date to begin employment _____ Dept. _____ Rate of Pay _____

Comments:

Date of Birth (if hired):

Interviewed by: _____ Date: _____

REFERENCE CHECK AUTHORIZATION

I, hereby, give my permission to relinquish information requested by this company concerning my employment record, military service record, or educational record. You are relieved of any and all liability concerning the release of this information.

Employee Signature

Date

CONFIDENTIAL REFERENCE REPORT

Please complete this report and return it to us. We shall appreciate this as well as receiving any other information you may provide for us. For your convenience, we are enclosing a self-addressed, stamped envelope. Thank you.

What position did this person hold with you? _____

The applicant says he/she worked for you from _____ to _____

Are employment dates correct? _____

Reason for termination? _____

Item	Poor	Fair	Good	Excel	Cannot Report
Quality of Work					
Technical skill					
Initiative					
Judgement					
Attendance					
Character					
Ability to get along with others					
Attitude toward patients/residents					
Personal appearance					

Comments: _____

Signed _____

Title _____

Organization _____

Address _____

Date _____