

Application for Employment

Please print

Date of application: _____ Position: _____

NAME: _____
(Last) (First) (Middle)

Address _____ City / State / ZIP _____

Home telephone (_____) _____ Cell telephone (_____) _____

Please provide all names that you have used the past including maiden names, married names and/or aliases:

Are you at least 18 years of age? Yes? _____ No? _____

Are you at least 16 years of age? Yes? _____ No (If less than age 16, can you furnish a 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 the U.S.? Yes? _____ No? _____

If hired, you will be required to submit documents sufficient to establish employment authorization and identity compliance with the Immigration Reform and Control Act of 1986 and all applicable regulations. While you need not provide this proof of legal status at the time you are interviewed, you will be required to do so after hire.

On what date would you be available for work? _____ Expected salary: _____

Are you available to work (circle one) Full Time Part Time Occasional

What days? S M T W T F S What hours? 7-3 _____ 3-11 _____ 11-7 _____ Other _____

Are you on a layoff and subject to recall? Yes? No? _____

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions, in this state or any other state? Yes? No? If so, explain:

Are there currently any criminal charges pending involving you, or are you under investigation for child or dependent adult abuse? Yes? No? If so, explain:

Have you ever been or are you currently excluded or debarred from participation in any Federal or State health care program, including Medicare or Medicaid? Yes? No? If yes, explain:

Have you ever had a professional license (including nursing, administrator, physician, therapy, social worker, dietician) that was revoked, suspended or voluntarily relinquished? — Yes? No? If yes, explain:

EDUCATION

School Name	Elementary			High School				College/University				Graduate/Professional			
Years Completed (circle)	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree															
Describe Course of Study:															

#2807422

ihca012017

Do you hold any current licensure or registration? Yes No If yes, list:

Have you ever had any disciplinary action taken against your license, including as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property? YES? No? If yes, please explain:

Educational honors; extra-curricular activities; professional societies or other information that you believe is related to your ability to perform the position for which you are applying and your application for employment:

Special skills and qualifications, including those acquired from employment or other experience:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment.

Employer	Telephone	Address		Work performed	
		From	To		
Address					
Job title		Hourly rate/Salary			
		Starting	Final		
Supervisor					
Reason for leaving					
Employer	Phone	Dates Employed		Work performed	
		From	To		
Address					
Job title		Hourly rate/Salary			
		Starting	Final		

Supervisor			
Reason for leaving			

If additional space is needed, please continue on a separate sheet of paper or below.

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this Application. The facility is required by law to check for an criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application, I state that I have received a copy of the Job Description for all jobs for which I have applied. I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may result in termination. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment and that a health screening for diseases, such as TB, is required.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant

Witness

AN EOUAL OPPORTUNITY EIVWLOYER

This facility is an equal opportunity employer. Employment decisions are made without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability, status as a disabled Vietnam era veteran, or other category as specified by law.

References

Give name, address and telephone number of three references who are NOT related to you and are NOT previous employers.

1.

2.

3.



STATE OF IOWA
Criminal History Record Check
Check



Request Form

Account Number: 7623-C
(if applicable)

Heartland Care Center

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: 604 E Fenton
Marcus, IA 51035
712-376-2500
712-376-4445

I am requesting an Iowa Criminal History Record Check on

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date Of Birth (mandatory)	Gender (mandatory)	Social Security Number
	Male Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by always obtain a waiver signature from the subject of the request.

Waiver Release: hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data condemning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____ a search of the provided name and date of birth revealed:

No Iowa Criminal History Record found with DCI

Iowa Criminal History Record attached, DCI # _____

DCI initials
