



# Application for Employment

Please print

Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position applying for: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email address \_\_\_\_\_

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. 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  Occasional

What days?  S  M  T  W  T  F  S (select days) What hours?  6 - 2  2 - 10  10 - 6  Other \_\_\_\_\_

Do you have a record of founded child or dependent adult abuser or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles & 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: \_\_\_\_\_

## EDUCATION

	Elementary	High School	College / University	Graduate / Professional
School Name:				
Select number of years completed		① ② ③ ④	① ② ③ ④	① ② ③ ④
Diploma/Degree				
Degree or Course of Study:				

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 any military service assignments and/or volunteer activities. Account for all periods of unemployment.

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

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

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 any 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

**AN EQUAL OPPORTUNITY EMPLOYER**

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

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

ACCOUNT NUMBER \_\_\_\_\_

**TO: Iowa Division of Criminal Investigation**    **FROM:** \_\_\_\_\_  
**Bureau of Identification, 1<sup>st</sup> Floor** \_\_\_\_\_  
**215 E 7<sup>th</sup> Street** \_\_\_\_\_  
**Des Moines, IA 50319** \_\_\_\_\_  
**(515) 281-5138 (Voice-days)** \_\_\_\_\_  
**(515) 281-4776 (Voice-nights)**                      **Phone #** \_\_\_\_\_  
**(515) 242-6876 (Fax)**                                      **Fax #** \_\_\_\_\_

I am requesting an **IOWA CRIMINAL HISTORY** check on:

**(Type or Print Legibly)**

**REQUEST**

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
/ /	<b>Maiden Name</b>	- -
<b>Date of Birth</b> (mandatory)	<b>Sex</b> (mandatory)	<b>Social Security Number</b> (recommended)
<b>Signature of Requester</b>		

**(DCI Use Only)**

**RESULTS**

As of \_\_\_\_\_, a Name and date of birth check revealed:

<b>No CCH record found</b> <input type="checkbox"/>	<b>No record of founded Dependent Adult Abuse</b> <input type="checkbox"/>
<b>CCH record attached</b> <input type="checkbox"/>	<b>Potential DAAR "hit" send 2310 to DHS</b> <input type="checkbox"/>

DCI initials \_\_\_\_\_

**WAIVER**

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

_____ <b>Signature (Applicant)</b>	_____ <b>Date</b>
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**Personal References**

Please list three Professional References. No family members.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Business \_\_\_\_\_ Cell/home \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Business \_\_\_\_\_ Cell/Home \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Company \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Business \_\_\_\_\_ Cell/Home \_\_\_\_\_