

Application for Employment

Please print

Date of application _____ Position applying for _____

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: _____ 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ever had a professional license (including nursing, administrator, physician, therapy, social worker, dietician) that was revoked, suspended or voluntarily relinquished?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)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study:																	

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

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()		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 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

Witness

AN EQUAL OPPORTUNITY EMPLOYER

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.

**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

ACCOUNT NUMBER 7319-C

**TO: Iowa Division of Criminal
Investigation
Bureau of Identification, 1st Floor
215 E 7th Street
Des Moines, IA 50319
(515) 725-6066
(515) 725-6080 (fax)**

FROM:

Clearview Home
406 West Washington
Mount Ayr, IA 50854

Phone #

641-464-2240

Fax #

641-464-2230

I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or Print Legibly)

REQUEST

Last Name
(mandatory)

First Name
(mandatory)

Middle Name
(recommended)

Date of Birth
(mandatory)

Sex
(mandatory)

Social Security Number
(recommended)

Signature of Requester

(DCI Use Only)

RESULTS

As of _____, a Name and date of birth check revealed:

CCH record attached ☐

No CCH record found

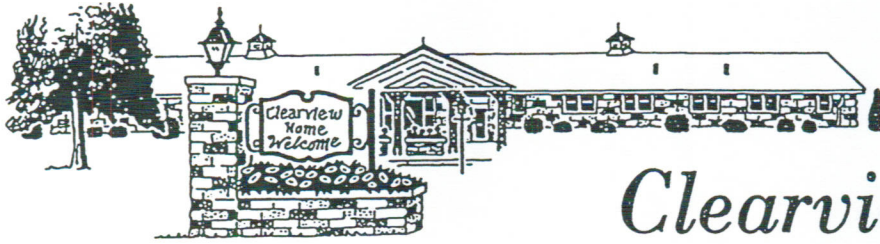
DCI initials _____

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.

Signature

Date _____



Clearview Homes

Iowa's Finest Licensed Nursing Homes

Type your text

By signing this release, I give Clearview Homes permission to obtain information regarding my possible employment at Clearview Homes. I authorize release of information from any past employer or reference I have named on my application.

This release clearly indicates that the applicant grants permission to conduct State Criminal History record checks through the DCI and Adult Abuse checks through DHS.

Signature

Date

Clearview Home
406 W. Washington
Mount Ayr, IA 50854
(641) 464-2240
(641) 464-2230 FAX

Joe Routh, Administrator

Clearview Home
202 N. Jefferson
Clearfield, IA 50840
(641) 336-2333
(641) 336-2231 FAX