

# APPLICATION FOR EMPLOYMENT

Please Print

Date of Application: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you at least 18 years of age? Yes: \_\_\_ No: \_\_\_

Are you at least 16 years of age? Yes: \_\_\_ No: \_\_\_ (if less than 16, can you furnish a work permit?) Yes \_\_\_ No: \_\_\_

Have you ever been employed here before? Yes: \_\_\_ No: \_\_\_ If Yes, give dates \_\_\_\_\_

Are you employed now? Yes: \_\_\_ No: \_\_\_ May we contact your present employer? Yes: \_\_\_ No: \_\_\_

If hired, you will be required to submit documents sufficient to establish employment authorization and identity compliance with the Immigration Reform Control Act of 1986. While you need not provide 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 able to work: \_\_\_ Full Time or \_\_\_ Part-Time What days? S M T W T F S  
What hours? \_\_\_7-3 \_\_\_3-11 \_\_\_11-7 Are you on lay-off 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 in this state or any other state? \_\_\_ Yes \_\_\_ No

If Yes, Explain: \_\_\_\_\_

Are there currently any criminal charges pending involving you, or are you under investigation for child or dependent adult abuse? \_\_\_ Yes \_\_\_ No

If Yes, Explain: \_\_\_\_\_

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

## EDUCATION

| School Name              | Elementary: | High School:     | College / University | Graduate / Professional |
|--------------------------|-------------|------------------|----------------------|-------------------------|
|                          | 4 5 6 7 8   | 9 10 11 12 - GED | 1 2 3 4              | 1 2 3 4                 |
| Years Completed:         |             |                  |                      |                         |
| Diploma/Degree           |             |                  |                      |                         |
| Describe Course of Study |             |                  |                      |                         |

Educational Honors: Extracurricular Activities; Professional Societies or other information (if unrelated to ethnic or religious groups or organizations): \_\_\_\_\_

Special Skills and Qualifications, including those acquired from employment or other experience: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or most recent job and list your work experience for the last ten (10) years. Account for all periods of unemployment.

| Employer:           | Dates Employed     |       | Work Performed |
|---------------------|--------------------|-------|----------------|
|                     | From               | To    |                |
| Telephone:          |                    |       |                |
| Address:            |                    |       |                |
| Job Title:          | Hourly Rate/Salary |       |                |
| Supervisor:         | Starting           | Final |                |
| Reason for Leaving: |                    |       |                |

| Employer:           | Dates Employed     |       | Work Performed |
|---------------------|--------------------|-------|----------------|
|                     | From               | To    |                |
| Telephone:          |                    |       |                |
| Address:            |                    |       |                |
| Job Title:          | Hourly Rate/Salary |       |                |
| Supervisor:         | Starting           | Final |                |
| Reason for Leaving: |                    |       |                |

**EMPLOYMENT EXPERIENCE (Continued)**

|                     |                    |       |                |
|---------------------|--------------------|-------|----------------|
| Employer:           | Dates Employed     |       | Work Performed |
|                     | From               | To    |                |
| Telephone:          |                    |       |                |
| Address:            |                    |       |                |
| Job Title:          | Hourly Rate/Salary |       |                |
| Supervisor:         | Starting           | Final |                |
| Reason for Leaving: |                    |       |                |

|                     |                    |       |                |
|---------------------|--------------------|-------|----------------|
| Employer:           | Dates Employed     |       | Work Performed |
|                     | From               | To    |                |
| Telephone:          |                    |       |                |
| Address:            |                    |       |                |
| Job Title:          | Hourly Rate/Salary |       |                |
| Supervisor:         | Starting           | Final |                |
| Reason for Leaving: |                    |       |                |

|                     |                    |       |                |
|---------------------|--------------------|-------|----------------|
| Employer:           | Dates Employed     |       | Work Performed |
|                     | From               | To    |                |
| Telephone:          |                    |       |                |
| Address:            |                    |       |                |
| Job Title:          | Hourly Rate/Salary |       |                |
| Supervisor:         | Starting           | Final |                |
| Reason for Leaving: |                    |       |                |

|                     |                    |       |                |
|---------------------|--------------------|-------|----------------|
| Employer:           | Dates Employed     |       | Work Performed |
|                     | From               | To    |                |
| Telephone:          |                    |       |                |
| Address:            |                    |       |                |
| Job Title:          | Hourly Rate/Salary |       |                |
| Supervisor:         | Starting           | Final |                |
| Reason for Leaving: |                    |       |                |

Have you ever been fired from a job? Yes: \_\_\_\_\_ No: \_\_\_\_\_ IF Yes, please list job and circumstances disclosed to you by your employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S STATEMENT

### PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in the Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this Application, including 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 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 be grounds for termination. I also understand that I may be required to pass an agility test. 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.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representations to the contract, 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 I am hired I am required to abide by all rules and regulations of the facility.

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Signature of Applicant

### AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for, and employees are treated during employment without regard to age, race, color, sex, national origin, religion, disability or status as a disabled Vietnam-era Veteran.

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

ACCOUNT NUMBER: 8093

TO: Iowa Division of Criminal Investigation FROM: Mercy College of Health Sciences  
Bureau of Identification 921 6th Avenue, Suite A  
Wallace State Office Building Des Moines, Iowa 50309-1239  
Des Moines, Iowa 50319  
(515) 281-5138  
(515) 242-6876 (fax) Phone # (515) 643-6715  
Fax # (515) 643-6702

I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or Print Legibly)

**REQUEST**

|                                 |                           |                                       |
|---------------------------------|---------------------------|---------------------------------------|
| _____                           | _____                     | _____                                 |
| Last Name<br>(mandatory)        | First Name<br>(mandatory) | Middle Name<br>(recommended)          |
| ____/____/____                  | _____                     | ____-____-____                        |
| Date of Birth<br>(mandatory)    | Sex<br>(mandatory)        | Social Security Number<br>(mandatory) |
| _____<br>Signature of Requester |                           |                                       |

*There is a separate Form "C" required for each last name submitted*

(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.

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date