



Date of Application _____ Position Applying For: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip)

Telephone: _____ Social Security Number: _____ - _____ - _____

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 by Living Centers before? Yes No

If yes, give date: _____

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 and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time of your interviews. 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

What days? S M T W T F S What hours? Days Afternoons/Evenings Nights

Are you on lay-off and subject to recall? Yes No

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

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 so, explain: _____

EDUCATION

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

Education 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, including military service assignments, and/or volunteer activities. Account for all periods of unemployment. Exclude organization names, which indicate, for example, race, color, religion, sex, national origin, or disability.

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

If you need additional space, please continue on a separate sheet of paper.

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

AN EQUAL OPPORTUNITY EMPLOYER

Applications 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.

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, 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 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 representation 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 I am hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant

Applicant:

Please complete and sign the upper portion of this Reference Authorization to expedite the processing of your application.

Name (Please Print)

Other names under which you may have worked

I voluntarily give Living Centers the right to make an investigation of my past employment history, educational history, and character. I agree to cooperate in such investigation and to release from all liability and/or responsibility all persons, companies, or corporations supply such information.

Applicant Signature

Date

Social Security Number

This applicant has applied for _____ position with Living Centers. Please complete this form and return by mail or fax to (319) 366-8854. Thank you for your cooperation.

Company Name _____ Address _____

Phone _____ Fax _____

Position Held _____

Dates of Employment _____ to _____ Eligible for rehire? Yes No

Performance				
Standards	Far Exceeds	Exceeds	Meets	Below
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work/Patient Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills/Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Completed By _____ Title _____ Date _____

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

To: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515) 281-5138 (Voice- days)
(515) 281-4776 (voice- nights)
(515) 242-6876 (FAX)

From: Living Centers
1050 4th Ave SE
Cedar Rapids, IA 52403
Phone: (319) 366-8714
Fax: (319) 366-8854

I am requesting an Iowa Criminal History/Dependant Adult Abuse Check on:

Type or Print Legibly		REQUEST	
Maident Name: _____			
_____ Last Name (Mandatory)	_____ First Name (Mandatory)	_____ Middle Name (Mandatory)	
_____ Date of Birth (Mandatory)	_____ Sex (Mandatory)	_____ Social Security Number (Mandatory)	
_____ Authorized Signature			

(DCI Use Only)		RESULTS	
As of _____ a name and date of birth check revealed:			
No CCH record Found	<input type="checkbox"/>	No Record of Founded Dependant Adult Abuse	<input type="checkbox"/>
CCH Record Attached	<input type="checkbox"/>	Potential DAAR "hit", send 2310 to DHS	<input type="checkbox"/>
DCI Initials _____			

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa Criminal history and dependant adult abuse check with the Division of Criminal Investigation.

_____ Signature	_____ Date
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