

Vista Woods Care Center

3 Pennsylvania Pl.
Ottumwa, IA 52501
(515) 683-3372

Application for Employment

PLEASE PRINT

CURRENT AS OF 9/97

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE Social Security # _____

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail Address _____

If necessary, best time to call you at home is : AM
PM

May we contact you at work? Yes No

If yes, work number and best time to call (____) : AM
PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____ / ____ / ____

Have you ever been employed here before? Yes No

If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country?..... Yes No

Date available for work ____ / ____ / ____ What is your desired salary range?.....\$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No Will you travel if job requires it?..... Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of crime in this state or any other state?..... Yes No

If yes, please explain _____

We will conduct a criminal history/record check prior to hiring.

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
EMPLOYER	TELEPHONE # ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
STARTING JOB TITLE / FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
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REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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

ACCOUNT NUMBER _____

TO: Iowa Division of Criminal Investigation FROM: _____
Bureau of Identification _____
Wallace State Office Building _____
Des Moines, Iowa 50319 _____
(515) 281-5138 _____
(515) 242-6876 (fax) _____ Phone # _____
Fax # _____

I am requesting an Iowa Criminal History Check on:

(TYPE/PRINT LEGIBLY)

REQUEST

_____ Last Name (mandatory)	_____ First Name (mandatory)	_____ Middle Name (recommended)
X / / Date of Birth (mandatory)	_____ Sex (mandatory)	_____ Social Security Number (mandatory)
_____ 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 <input type="checkbox"/>	No CCH Record <input type="checkbox"/>
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DCI initials _____

WAIVER

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

X _____ Signature	X _____ Date
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#3 Pennsylvania Place
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EMPLOYMENT REFERENCE REQUEST

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

Applicant's signature X _____ Date X _____

Dear _____

_____ has applied for a position as a _____ at Vista Woods Care Center, and has given your name as a reference. Will you please answer the following inquiries to the best of your knowledge, giving your candid opinion of the applicant? Your evaluation will be held completely in confidence. Your help and cooperation will be greatly appreciated.

Thank you,

Ron Stursma, Administrator

PERSONAL/PAST EMPLOYER'S REFERENCE

How long, and in what capacity, have you known the applicant? _____

Would you hire/rehire this individual? _____ If not, why? _____

Quality of work:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Work habits:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Dependability/Attendance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Cooperation:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Initiative:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Personal appearance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor

Other comments: _____

Signed _____ Date _____

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Personal appearance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor

Other comments: _____

Signed _____ Date _____

Notice to Employees and Applicants For Employment

Under the Iowa Smokefree Air Act, Iowa employers are required to prohibit smoking by employees, customers, vendors, and all other individuals in enclosed areas of places of employment. This law applies to Vista Woods and we will comply with its obligations, and we will also require compliance from all persons entering our facilities. All employees of Vista Woods are required to comply with the Smokefree Air Act.

Smoking is prohibited within all enclosed areas here at our facility, including (but not limited to): work areas, private offices, conference and meeting rooms, classrooms, auditoriums, employee lounges and cafeterias, hallways, medical facilities, restrooms, elevators, stairways and stairwells, and vehicles owned, leased, or provided by the employer.

We have designated certain outdoor areas as smoking areas (see below). These are the only areas in which individuals are permitted to smoke on our property.

If you have any questions regarding these issues, please speak with Administrator, Director of Nursing Office Manager.

For employees: The designated smoke area is outside the back of the building within the fenced in area by the covered shelter only or within your private vehicle.

For visitors: We ask that you do not smoke within thirty (30) feet of the front entrance of the building.

EMPLOYMENT APPLICATION ADDENDUM

Name: _____

Address: _____

Home telephone: _____ Cell telephone: _____

Date of Birth: _____ Social Security Number: _____

Professional License No. _____

Position applying for: _____

Provide all other names or aliases you have ever previously been known by, including but not limited to nicknames, maiden names and other married names:

Do you have knowledge, or have you ever been notified, of being placed on the OIG Excluded Provider List or Excluded Parties List Service (EPLS.gov) maintained by the General Services Administration (GSA)? If yes, please specify the date and reason. (Even if you were at one time on such list and have since been removed, please so indicate):

Have you ever had a professional license subject to suspension or revocation? If yes, please specify the date and the reason:

Have you ever voluntarily relinquished your professional license? If yes, please specify the date and reason:

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that the above answers given are true and complete to the best of my knowledge. I understand that the Facility may investigate all statements made in this Application and that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties as appropriate. I further understand that this Addendum is considered part of the original Application for Employment and shall be incorporated therein.

Signature

Date

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NO. OF YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____ / ____ / ____



Call toll free 800-999-9111 to reorder Application for Employment (Long Form) #R8-A0501 E (Custom)
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