



## Application for Employment

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

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Please provide all names that you have used in the past, including maiden names, married names, and/or aliases:  
\_\_\_\_\_

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

Are you at least 16 years of age?  Yes  No Are you at least 18 years of age?  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 current 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 identify compliances 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.

Date available to begin working: \_\_\_\_\_ Expected salary: \_\_\_\_\_ Are you available to work: Full Time Part time PRN

Availability (circle): Sun Mon Tue Wed Thr Fri Sat Shifts:  6A-2P  2P-10P  10P-6A

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 laws of the road under Chapter 321 or equivalent provisions, in this state or any other?  
 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**

High school: \_\_\_\_\_ Diploma:  Yes  No

College/University: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate/Professional: \_\_\_\_\_ Degree: \_\_\_\_\_

Educational honors, extra-curricular activities, professional societies or any other information you believe is related to your ability to perform the position in which you are applying for:  
\_\_\_\_\_

Special skills and qualifications, including those acquired from other employment or experiences:  
\_\_\_\_\_

**Employment Experience**

Start with your present or most recent job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment.

Employer	Telephone	Date Employed		Work Performed:
	( )	From:	To:	
Address:				
Job Title:				
Supervisor:				
Reason for Leaving:				
Employer	Telephone	Date Employed		
	( )	From:	To:	
Address:				
Job Title:				
Supervisor:				
Reason for Leaving:				

State any additional information you feel may be helpful 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 under any and all given names. I understand that any false or misleading information can result in the 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 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 no 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

Signature of 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.

# Employment and Reference Verification Form

Applicants Name: \_\_\_\_\_ Position Interviewing For: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Reference Phone Number: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

I give my permission to Spurgeon Manor to call previous employers and references that I have given on my resume/application.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **FOR OFFICE USE ONLY:**

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Job Duties: \_\_\_\_\_

Did employee present any disciplinary problems: \_\_\_\_\_ Yes \_\_\_\_\_ No

Did employee have a good attendance record: \_\_\_\_\_ Yes \_\_\_\_\_ No

Would this individual be eligible for rehire: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

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Person calling for References: \_\_\_\_\_

# Employment and Reference Verification Form

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Did employee have a good attendance record: \_\_\_\_\_ Yes \_\_\_\_\_ No

Would this individual be eligible for rehire: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

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Person calling for References: \_\_\_\_\_

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

ACCOUNT NUMBER: 0199

TO: Iowa Division of Criminal Investigation  
Bureau of Identification, 1st Floor  
215 E 7th Street  
Des Moines, IA 50319  
(515) 281-5138 (Voice-days)  
(515) 281-4776 (Voice-nights)  
(515) 242-6876 (Fax)

FROM: Spurgeon Manor  
1204 Linden St  
Dallas Center, IA 50063  
Phone #: 515-992-3735  
Fax #: 515-992-3098

I am requesting an IOWA CRIMINAL HISTORY check on:

Type or Print Legible

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Requestor

DCI USE ONLY

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

No CCH record found

No record of founded Dependent Adult Abuse

CCH record attached

Potential DAAR "hit" send 2310 to DHS

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 (Applicant)

\_\_\_\_\_  
Date

## POST EMPLOYMENT IDENTIFICATION REQUEST

Name: \_\_\_\_\_

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

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

Professional License Number: \_\_\_\_\_ Position: \_\_\_\_\_

Pursuant to federal law, health care providers are prohibited from employing individuals who have been placed on the OIG Excluded provider list or Excluded Providers List Service (EPLS.gov) maintained by the General Services Administration (GSA). Employers have a continued obligation to periodically check whether employees have been placed on these lists and must maintain current information regarding the identification of their employees.

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 EPLS list? If yes, please specify the date and reason (Even if you were at one time on the excluded provider 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 document and that any false or misleading information provided can result in a decision to immediate discharge, and civil or criminal penalties as appropriate.

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date