

Enter Facility Name Here

Application for Employment

Date of Application: _____ Position Applying for: _____

Name: _____

(Last)

(First)

(Middle)

Address: _____

(Street)

(City)

(State)

(Zip)

Phone Number: _____ Social Security Number: _____

Email: _____

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

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Professional License # (if applicable): _____

Are you at least 18 years of age? Yes ☐ No ☐

Are you at least 16 years of age? Yes ☐ No ☐

Are you employed now: Yes ☐ No ☐

May we contact your current employer? Yes ☐ No ☐

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

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: _____

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

Are there currently any criminal charges pending against you, or are you under investigation for child or dependent adult abuse: Yes ☐ No ☐

If Yes, Explain:

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 mis-demeanor offense relating to motor vehicles and laws of the road in this state or any other state? If yes please explain:

Have you ever been or are you currently excluded or debarred from participation in any Federal or State healthcare program, including Medicare and Medicaid. If yes please indicate applicable dates/reasons:

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

Have you ever voluntarily relinquished your professional license in this or any other state? If yes, please specify the date and reason:

References: (Please choose three people who are not related to you)

Name: _____ Telephone number: _____

Name: _____ Telephone number: _____

Name: _____ Telephone number: _____

Education

High School	Name:	9 ☐ 10 ☐ 11 ☐ 12 ☐ GED ☐	
University or College	Name:	Field of Study:	Diploma or Degree Obtained:
Vocational or Trade School	Name:	Field of Study:	Licensure Obtain

Additional training, education, or qualifications you may have:

Previous Employment & References

Employer: _____ Phone Number: _____

Dates Employed: Start _____ End _____

Job Title: _____

Work or Duties Performed: _____

Hourly Rate or Salary: Starting _____ Final: _____

Reason for Leaving: _____

Employer: _____ Phone Number: _____

Dates Employed: Start _____ End _____

Job Title: _____

Work or Duties Performed: _____

Hourly Rate or Salary: Starting _____ Final: _____

Reason for Leaving: _____

Personal Reference: _____ Phone Number: _____

How do you know this person: _____

How long have you known this person: _____

Personal Reference: _____ Phone Number: _____

How do you know this person: _____

How long have you known this person: _____

Have you ever been fired from a job? Yes ☐ No ☐

If Yes, please list the job and circumstance disclosed to you by your employer:

Have you worked for any of the facilities listed below? (yes or no) _____

Check all that apply

<u>NURSING HOME FACILITY NAME</u>	<u>LOCATION</u>		<u>ASSISTED LIVING FACILITY NAME</u>	<u>LOCATION</u>
Bethany Lutheran Home	Council Bluffs, IA		Jersey Ridge Place	Davenport, IA
Edgewood Convalescent Home	Edgewood, IA		Meadowview Memory Care	Cedar Rapids, IA
Elkader Care Center	Elkader, IA		Pennsylvania Place	Ottumwa, IA
Evans Senior Living Community	Cresco, IA		Ridgeview Assisted Living of CR	Cedar Rapids, IA
Great River Care Center	McGregor, IA		Ridgeview of Burlington	Burlington, IA
Living Center West	Cedar Rapids, IA		Summit House	Britt, IA
Mill Valley Care Center	Bellevue, IA		Summit Pointe	Marion, IA
New Hampton Nursing & Rehab	Hampton, IA			
Oakview Nursing & Rehab	Burlington, IA			
Unity Point Transitional Care Center	Cedar Rapids, IA			
Views of Marion	Marion, IA			
Wellington Place	Decorah, IA			

Applicants 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 the application, including any criminal or abuse record. I understand that any false or misleading information provided, or failure to provide 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 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.

Signature: _____ Date: _____

An Equal Opportunity Employer

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



Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

REQUESTOR INFORMATION

PLEASE WRITE CLEARLY

Name (business or individual)

Preventative and Protective Services Bureau

Mailing address (street/PO Box, city, state, zip code)

YOUR WORK ADDRESS

Phone number

(123) 456-7891

Fax number

1234567891

Email address

YOUR.EMAIL@hhs.iowa.gov

I would like the results sent to me by:

☐

Mail

☐

Fax

☒

Email

I am required to have the results notarized:

☐

Yes

☒

No

*for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION

Please provide all required demographic information on the form or it will be returned.
Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of a search of the information provided revealed:

☐

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

☐

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: dcirecordchecks@dps.state.ia.us

QUESTIONS: dcirecordchecks@dps.state.ia.us