

EMPLOYMENT APPLICATION

* All employees are required to successfully complete a post offer/pre-employment physical, PPD tuberculin 2-Step test and a criminal/dependent adult abuse record check. Direct deposit of pay is required.

General

Date: _____

Last Name	First	MI	Desired Position	CNA, LPN or RN Number
Address		City/State	Zip Code	
Social Security #	Home Phone #	Work Phone #	Cell Phone #	
Have you ever applied for employment with us?		<input type="checkbox"/> Yes <input type="checkbox"/> No	When? _____	
Have you ever been employed by us?		<input type="checkbox"/> Yes <input type="checkbox"/> No	When? _____	
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a citizen of the U.S. or have a legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<small>(Any offer of employment is conditional upon completing form I-9 and providing document establishing identity and work authorization)</small>				
How did you learn about us? <input type="checkbox"/> Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____				
Have you ever been fired? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Please state employer and circumstances: _____				

Education

<u>Name/Location of School</u>	<u>Course of Study</u>	<u>Years Completed</u>	<u>Graduated?</u>	<u>Degree/Diploma</u>
High School _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History

* Start with your present or most recent employer

Company Name: _____	Telephone #: _____	Address: _____
Date employed: _____	Name of Supervisor: _____	Reason for leaving: _____
Job Title/Duties: _____		

Company Name: _____	Telephone #: _____	Address: _____
Date employed: _____	Name of Supervisor: _____	Reason for leaving: _____
Job Title/Duties: _____		

Company Name: _____	Telephone #: _____	Address: _____
Date employed: _____	Name of Supervisor: _____	Reason for leaving: _____
Job Title/Duties: _____		

Skills/Experience

Please list any special skills and experiences that make you qualify for the position for which you are applying: _____

Availability

Full-time Part-time

Days/hours available to work: _____

Expected salary: _____

Are you available to work: Overtime Nights Weekends Holidays Temporary

Dates available to start work: _____ Comments: _____

References (Employment Related)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Background Data

* Because CCC has a tremendous responsibility to its clients, residents and their families, a background check on criminal conviction and child and dependent adult abuse will be conducted before an applicant is hired.

Have you ever been excluded from participation in the Medicare, Medicaid, or any other Federal health care program? Yes No

Do you have a founded child or dependent adult abuse report? Yes No

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations), received Deferred Adjudication, pled no contest, or placed on probation for a crime? Yes No If yes, please provide date, incident, city / state of charge:

Responding to "yes" to any of the above questions is not an automatic bar to employment. The date of the offense, and the relationship between the offense and the position for which you are applying will be considered.

Are you able to perform with or without reasonable accommodation, the essential job functions required of this position?

Yes No If no, please explain: _____

Certification / Signature

* Please read carefully before signing

By presenting this application (and resume) for employment, I certify that the facts contained in these document(s) are, to the best of my knowledge, true and complete. Any omissions and false or misleading information given on this application or during the interview process shall be sufficient grounds for my discharge at any time during the period of employment.

I further understand that, if employed by CCC, my employment will be "at will" meaning that it can be terminated at any time for any reason.

The CCC Campus, care about the health and safety of our employees and residents. We prohibit the illegal possession, distribution, sale or use of alcohol or drugs in the workplace. We consider this cause for immediate termination.

I authorize a criminal/adult dependent abuse record check, investigation of all statements contained herein and the references and employers listed above to give all information concerning my previous employment and any pertinent information they may have. I release CCC from all liability for any damage that may results from utilization of this information.

SIGNATURE

DATE

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

ACCOUNT NUMBER 7512 - C

TO: Iowa Division of Criminal Investigation
Bureau of Identifications
Wallace State Office Building
Des Moines, Iowa 50319
(515) 281-5138
(515) 242-6876 (fax)

FROM: Community Care Center
325 SW 7th St
Stuart, IA 50250
Phone # (515) 523-2815
Fax # (515) 523-9123

I am requesting an Iowa Criminal History Check on:

TYPE / PRINT LEGIBLY

REQUEST

Last Name
(mandatory)

First Name
(mandatory)

Middle Name
(mandatory)

Prior Last Name / Maiden
(mandatory)

Prior Last Name
(mandatory)

Prior Last Name
(mandatory)

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)

REQUEST

As of _____, a Name and date of birth check revealed:

CCH record attached

CCH record attached

DCI initials _____

WAIVER

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

Signature

Date

Reference Checks

You need to attempt two reference checks.

Ask questions specifically regarding history or abuse / neglect

First Reference

Date Check was attempted	Name of Person Contacted	Title

Comments:

Second Reference

Date Check was attempted	Name of Person Contacted	Title

Comments:

Name of Person Conducting Reference Checks: _____