

# Application for Employment

Please print

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

Date of application \_\_\_\_\_ Position applying for \_\_\_\_\_

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

Address \_\_\_\_\_ City / State / ZIP \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Cell telephone (\_\_\_\_\_) \_\_\_\_\_

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

Are you at least 18 years of age?  Yes  No  
Are you at least 16 years of age?  Yes  No If younger than age 16, can you furnish a work permit?  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 present 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 identity compliance 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.

On what date would you be available for work? \_\_\_\_\_ Expected salary: \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Occasional  
What days?  Su  M  T  W  Th  F  Sa What hours?:  7-3  3-11  11-7  Other

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 and laws of the road under chapter 321 or equivalent provisions, in this state or any other state?  Yes  No

If yes, explain: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

Have you ever been or are you currently excluded or debarred from participation in any Federal or State health care program, including Medicare or Medicaid?  Yes  No

If yes, explain:

Have you ever had a professional license (including nursing, administrator, physician, therapy, social worker, dietician) that was revoked, suspended or voluntarily relinquished?  Yes  No

If yes, explain: .

## EDUCATION

School Name	Elementary					High School				College/University				Graduate/Professional			
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
(enter year completed)																	
Diploma/Degree																	
Describe Course of Study:																	

Do you hold any current licensure or registration?  Yes  No If yes, list: \_\_\_\_\_

Have you ever had any disciplinary action taken against your license, including as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property?  Yes  No If yes, please explain:

Educational honors; extra-curricular activities; professional societies or other information that you believe is related to your ability to perform the position for which you are applying and your application for employment:

Special skills and qualifications, including those acquired from employment or other experience:

**EMPLOYMENT EXPERIENCE**

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

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				

If additional space is needed, please continue on a separate sheet of paper or below.

State any additional information you feel may be helpful to us 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. 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 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 the 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 not 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.

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Signature of Applicant

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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.



# STATE OF IOWA Criminal History Record Check Request Form



Mail or Fax completed forms to:

**Iowa Division of Criminal Investigation**  
**Support Operations Bureau, 1<sup>st</sup> Floor**  
 215 E. 7<sup>th</sup> Street  
 Des Moines, Iowa 50319  
 (515) 725-6066  
 (515) 725-6080 Fax

DCI Account Number: \_\_\_\_\_  
 (if applicable)

Send results to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Release Authorization:** 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.\*\*\***

**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.

**Release Authorization Signature:** \_\_\_\_\_

<b><u>Iowa Criminal History Record Check Results</u></b>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

**Release Authorization Information:**

Iowa law does ***not*** require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

**General Information:**

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment*** ***is not*** generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence*** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.

## REFERENCE CHECKS

Applicant Name \_\_\_\_\_

Employment references are preferred. But, if no employment references are available, list Personal References. Applicants should fill in the top three lines in the EMPLOYMENT REFERENCES or PERSONAL REFERENCES area.

EMPLOYMENT REFERENCES	Reference #1		Reference #2		Reference #3	
Reference Name						
Telephone #						
Relationship						
Dates of Employment	From	To	From	To	From	To
Eligible for Rehire?	Yes/No		Yes/No		Yes/No	
Beginning Salary						
Ending Salary						
Duties						
Completed Satisfactorily?	Yes/No		Yes/No		Yes/No	
Did they go above & beyond?	Yes/No		Yes/No		Yes/No	
Strengths or Skills						
Date/Time Completed						

PERSONAL REFERENCES	Reference #1		Reference #2		Reference #3	
Reference Name						
Telephone #						
Relationship						
Dates with Team/Organization	From	To	From	To	From	To
Still Active	Yes/No		Yes/No		Yes/No	
Attendance Record						
Leadership Roles						
Duties						
Completed Satisfactorily?	Yes/No		Yes/No		Yes/No	
Did they go above & beyond?	Yes/No		Yes/No		Yes/No	
Strengths or Skills						
Date/Time Completed						

Completed by \_\_\_\_\_

## Interview Notes

Interviewed by: \_\_\_\_\_

Date \_\_\_\_\_

Remarks:

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Neatness:

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Ability:

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Hired: \_\_\_\_\_ Yes/No \_\_\_\_\_ Position: \_\_\_\_\_

Salary/Wage: \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Approved Hire By: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_