



900 Polk Boulevard  
Des Moines, IA 50312-2225  
(515) 255-5433  
FAX (515) 277-8898  
www.seniorlifecenter.org

## EMPLOYMENT APPLICATION

Employment is not based on race, color, creed, age, sex, national origin, religion, or disability in compliance with title VI of public law 88-352 The Civil Rights Act of 1964, and 1991, as amended, and 216 Code of Iowa as amended.

**PLEASE PRINT CLEARLY WHEN COMPLETING THIS APPLICATION.**

***This application will be considered active for only 30 days beyond the date of submission.***

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
City State Zip

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

What is the best number to reach you at?: (circle one) HOME CELL WORK

Position applying for: \_\_\_\_\_

Position Desired:  FT  PT  PRN Shift Desired:  A.M.  P.M.  NOC

Hours Desired Per Week: \_\_\_\_\_ Date Available to Start: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EDUCATION

**Name & Location of  
High School:**

\_\_\_\_\_  
\_\_\_\_\_

Did you graduate?: (circle one) YES NO If Yes, Date Graduated \_\_\_\_/\_\_\_\_/\_\_\_\_

**Post High School Education:**  N/A If N/A, go to Employment History Section (page 2)

**Name & Location of  
College/University:**

\_\_\_\_\_  
\_\_\_\_\_

Did you graduate?: (circle one) YES NO If Yes, Date Graduated \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree(s) Obtained:  Associate Degree  Undergraduate Degree  Graduate/Master's Degree

## EMPLOYMENT HISTORY

Please list present and past employers, starting with the most recent:

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

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2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

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3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

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4. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

## REFERENCES

Provide the Name, Address, Telephone Number, and Title of three references not related to you:

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Are you legally allowed to work in the United States? \_\_\_Yes\_\_\_No

(Proof of citizenship in the United States or immigration status will be required if employed at this facility.)

If under 16 years of age, can you provide a work permit? \_\_\_Yes\_\_\_No

(Hours are restricted and work permits are required for 14 and 15 year olds.)

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 or any other state?: (circle one) YES NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

Have you ever been employed at The Life Center before?: (circle one) YES NO

IF YES, LIST DATE(S) AND/OR POSITION(S): \_\_\_\_\_

Have you applied for employment with us in the past?: (circle one) YES NO

IF YES, LIST THE DATES AND POSITION(S) APPLIED FOR: \_\_\_\_\_

## LICENSURE

If you are a licensed / certified professional, please complete the following:

TYPE OF LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ LICENSE NO.: \_\_\_\_\_

DESCRIBE ANY ADDITIONAL SKILLS, TRAINING, OR CERTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT'S STATEMENT

### PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY:

This institution does not discriminate in hiring on the basis of race, color, sex, citizenship, national origin, ancestry, veteran status, on the basis of age, physical, or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I understand and agree that, if I am employed, the following stipulations apply:

1. My initial employment will be on a 90-day introductory period.
2. Emergency conditions or staffing needs may require me to temporarily work on shifts/schedules other than the one(s) for which I'm applying. I hereby agree to such scheduling changes as directed by the department head or Administrator.
3. I'll be required to abide by all rules and regulations of the facility. I understand that disregard for, or noncompliance with such rules and regulations, may be grounds for dismissal.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days, show satisfactory evidence of identity and eligibility for employment.

I have been informed that The Life Center will conduct a state-mandated criminal record check. I understand that I am required to successfully complete and pass a drug test. I also am aware that I need to pass a physical exam prior to hire, and thereafter according to state regulations.

I understand this employment application and any other Life Center documents, including employee handbooks, are not intended to create, and do not create, an employment contract between The Life Center and me. Your employment is at will. Just as you retain the right to terminate your employment at any time for any reason, The Life Center also retains the right to terminate your employment at any time for any reason.

I certify that the information I've provided on this application is true and correct to the best of my knowledge. I also understand if this application contains false or misleading information, or omission of important facts about myself, my employment may be terminated.

I confirm that I've read this statement, understand its meaning, and agree to all its stipulations.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_