



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: _____

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

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

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 excluded as a provider, by the Office of Inspector General (OIG)? (circle one) YES NO

IF YES, PLEASE DESCRIBE: _____

Please list all first & last names you have used (including maiden, married, nicknames, aliases, etc):

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: _____



Applicant Section:

To: _____
 (Previous Employer) (Supervisor Name)

Address: _____

Employee Name: _____ Date: _____

Name at time of employment if other than listed above: _____

Dates employed: from: _____ to _____

Position(s) held: _____

Release of Liability: _____

I HEREBY RELEASE FROM ALL LIABILITY THE COMPANY OR PERSON ABOVE NAMED, AND AUTHORIZE THEM TO RELEASE ALL INFORMATION REGARDING MY EMPLOYMENT WITH THEM.

 (Applicant's signature) (Social Security Number) (Date)

Employer Section:

Dear Employer,
The above applicant has applied to the Iowa Jewish Senior Life Center for employment.
Please complete the form below and fax back to Attn: _____ at 515-277-8898.

We appreciate your prompt attention so that we may give the applicant proper consideration.
Thank you.

	Above Average	Average	Below Average
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation/Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Verified Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Would you rehire? Yes No. If no, why? _____

Additional Comments: _____

Completed by:
 Name/Title: _____
 (Signature) (Date)