

# APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer ~ Committed to Hiring a Diverse Workforce*

## PERSONAL INFORMATION (Please Print)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Last First Middle

Professional License Number \_\_\_\_\_  Nursing  Social Work  Therapy  CNA  Not Applicable

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

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Alternative)

Are you less than 18 years of age  Yes  No

Have you been convicted of crime in the last 7 years  Yes  No  
 If Yes, a conviction will not necessarily disqualify you for employment.

Are you legally eligible for employment in the U.S.?  Yes  No

How did you hear about Iowa Home Care?  Newspaper  On-Line  Friend  Current Iowa Home Care Employee \_\_\_\_\_ (name)

## EMPLOYMENT DESIRED Nurse Home Health Aide Homemaker Social Work Office Other Professional

Location Available for Work \_\_\_\_\_ Salary Desired \_\_\_\_\_ Date You Can Start \_\_\_\_\_

Are you able to work overtime?  Yes  No

Are you able to work holidays?  Yes  No

Specify hours available for work each day of the week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## EDUCATION

Name and Address of School

Circle Last Years Completed

Did you Graduate?

Subject Studied Degree Rcvd

High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Other Schooling		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## SKILLS

List skills relevant to the position applied for \_\_\_\_\_  
 \_\_\_\_\_

Have you had experience with home health care? \_\_\_\_\_  
 \_\_\_\_\_

What do you like about health care? \_\_\_\_\_

Why do you want to work for Iowa Home Care, LLC? \_\_\_\_\_

Describe a specific situation where you have provided excellent customer service. Why was this effective? \_\_\_\_\_  
 \_\_\_\_\_

**WORK HISTORY** List last three employers, starting with most recent one first. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume.

Date Month & Year	Name & Address of Employer	Salary Hourly Wage	Position	Reason for Leaving
From				
To				
Duties Performed:				
Supervisor's Name:		Phone Number	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From				
To				
Duties Performed:				
Supervisor's Name:		Phone Number	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From				
To				
Duties Performed:				
Supervisor's Name:		Phone Number	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>REFERENCES</b> (Give below the names of three professional references, who you have know at least one year.)			
Name	Address & Phone Number	Business	Years Acquainted
1.			
2.			
3.			

*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.*

*I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.*

*Disclosure: In connection with your application for employment, we may procure a consumer report which may contain public information, such as your driving record, as part of the process of considering your candidacy as an employee with our organization. A copy of your rights under the federal Fair Credit Reporting Act is available for you to read during this application process.*

*I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date