

# Employment Application

# Riceville Family Care & Therapy Center

915 Woodland Ave Riceville, IA 50466  
(641) 985-2606 www.ricevillefamilycares.com

Please fill out completely and legibly for accuracy and timely processing.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Position applied for \_\_\_\_\_ and salary desired (2) \_\_\_\_\_

Days/hours available to work \_\_\_\_\_ How many hours can you work weekly? \_\_\_\_\_

No Pref \_\_\_\_\_ Thur \_\_\_\_\_ Have you applied here before? \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_ When available for work? \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_ Shifts preferred(circle): Days PM NOC

Wed \_\_\_\_\_ Sun \_\_\_\_\_

Circle 1: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME ON CALL

How were you referred to this facility? \_\_\_\_\_

### Education:

	Name of School	City, State	Courses/major	Completion date	Degree/certificate earned
High School/GED					
College/Vocational					
Professional					
Certifications					

Honors/Awards received: \_\_\_\_\_

Current Hobbies, Interests, sports participation, Volunteer Roles: \_\_\_\_\_

### Professional

Clubs/Organizations: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_No \_\_\_Yes

If so, describe number of convictions, nature of offenses leading to conviction, dates of any convictions, sentence imposed \_\_\_\_\_

Do you have a Driver's License? \_\_\_Yes \_\_\_No

Have you been in the Armed Forces? \_\_\_Yes \_\_\_No Are you currently in the National Guard? \_\_\_Yes \_\_\_No

Date Entered \_\_\_\_\_ Branch \_\_\_\_\_ Discharge Date & Rank \_\_\_\_\_

### Professional Licenses or Certifications:

Type	Issued From Dept./Org	Date Issued	Number	RFC&TC Verification

**Employment History:** List most current position first

**Employer Name**

**Dates**

**Address, Supervisor, Phone #**

**Employed**

**Salary Range**

**Position Held and Duties**



May we contact former employers for references \_\_\_Yes \_\_\_No If no, why?\_\_\_\_\_

**References:** To Process your application, please provide three references not related to you, 1 personal and 2 professional, that we may contact that you have known at least 1 year.

Fill in the three reference forms with this application with their name, relationship and contact information, then sign the reference sheet authorizing us to contact that reference.

Other skills, abilities, expertise:\_\_\_\_\_

**Riceville Family Care & Therapy Center does not discriminate on the basis of age, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related, merit-based, factors.**

Interviewer Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment Application Addendum**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

SS #: \_\_\_\_\_ Professional License #: \_\_\_\_\_

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

List all other names or aliases you have ever previously been known by, including but not limited to nicknames, maiden names and other married names:

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

Do you have knowledge, or have you ever been notified, of being placed on the OIG Excluded Provider List or Excluded Parties List Service (EPLS.gov) maintained by the General Services Administration (GSA)? If yes, please specify the date(s) and reason(s). If you were at one time on such a list and have been subsequently removed - indicate applicable dates/reasons.

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

Have you ever had a professional license subject to suspension or revocation in this or any other state? If yes, please specify the date and reason:

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

Have you ever voluntarily relinquished your professional license in this or any other state? If yes, please specify the date and reason:

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

Why do you think want to work at the Riceville Family Care & Therapy Center?

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

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I certify that the above answers given are true and complete to the best of my knowledge. I understand that the facility may investigate all statements made in this Application and that any false or misleading information provided can result in a decision not to hire, immediate discharge if hired, and civil or criminal penalties as appropriate. I further understand that this Addendum is considered part of the original Application for Employment and shall be incorporated therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



PERSONAL REFERENCE QUESTIONNAIRE  
CONFIDENTIAL

Date: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*I authorize contact of this reference to include verbal and written inquiries or information about my demeanor, performance, rehire potential, dates of employment, employment history and wage, and other history and traits.*

**\*Applicant Signature:** \_\_\_\_\_

1. How long have you known this person?  
\_\_\_\_\_

2. What is your relationship with this applicant?  
\_\_\_\_\_

3. Do you know of any reason we might not want this person to work with people with mental or physical disabilities? \_\_\_\_\_ If yes, what is that reason?  
\_\_\_\_\_

4. Have you ever worked on a project with this individual? \_\_\_\_\_

If yes, did the applicant follow through with his/her portion of the duties or responsibilities? \_\_\_\_\_

5. How would you rate the quality of this applicant's contribution to the project?  
\_\_\_\_\_  
\_\_\_\_\_

6. In your experience with this individual, have you found him/her to be:

Reliable? \_\_\_\_ Patient? \_\_\_\_ Compassionate? \_\_\_\_

7. Please complete the following sentences with regard to this applicant:

a. I would best describe this individual as  
\_\_\_\_\_  
\_\_\_\_\_

b. This person's strengths include  
\_\_\_\_\_  
\_\_\_\_\_

c. This person could be more effective if he/she worked to improve  
\_\_\_\_\_  
\_\_\_\_\_

8. Is there anything else you might be able to tell us about his individual that would help us to make an employment decision?  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL REFERENCE QUESTIONNAIRE  
CONFIDENTIAL

Date: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*I authorize contact of this reference to include verbal and written inquiries or information about my demeanor, performance, rehire potential, dates of employment, employment history and wage, and other history and traits.*

**\*Applicant Signature:** \_\_\_\_\_

1. How long have you known the candidate?  
\_\_\_\_\_

2. Were you involved in the hiring process or did you directly hire the candidate?  
\_\_\_\_\_

3. Did the candidate report to you directly or through others? Please describe your relationship with the candidate.  
\_\_\_\_\_

4. Did the candidate consistently hit or miss goals/quotas?  
\_\_\_\_\_

5. Would you say the candidate made a substantial, average, or below average contribution to the organization? Please describe the reasons for your answer.  
\_\_\_\_\_  
\_\_\_\_\_

6. How well did the candidate perform under stressful conditions such as facing sales or project deadlines?  
\_\_\_\_\_

7. How well did the candidate deal with any organizational or management changes that took place? \_\_\_\_\_

8. \_\_\_\_\_ or any customer sales or service issues?  
\_\_\_\_\_

9. Were there any areas where the candidate excelled? Any particular strengths? Please be specific.  
\_\_\_\_\_  
\_\_\_\_\_

10. Conversely, are there any areas that the candidate could use improvement? Any particular weaknesses? Please be specific.  
\_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL REFERENCE QUESTIONNAIRE

CONFIDENTIAL

Date: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*I authorize contact of this reference to include verbal and written inquiries or information about my demeanor, performance, rehire potential, dates of employment, employment history and wage, and other history and traits.*

**\*Applicant Signature:** \_\_\_\_\_

11. How long have you known the candidate?  
\_\_\_\_\_

12. Were you involved in the hiring process or did you directly hire the candidate?  
\_\_\_\_\_

13. Did the candidate report to you directly or through others? Please describe your relationship with the candidate.  
\_\_\_\_\_

14. Did the candidate consistently hit or miss goals/quotas?  
\_\_\_\_\_

15. Would you say the candidate made a substantial, average, or below average contribution to the organization? Please describe the reasons for your answer.  
\_\_\_\_\_  
\_\_\_\_\_

16. How well did the candidate perform under stressful conditions such as facing sales or project deadlines?  
\_\_\_\_\_

17. How well did the candidate deal with any organizational or management changes that took place? \_\_\_\_\_  
\_\_\_\_\_

18. or any customer sales or service issues?  
\_\_\_\_\_

19. Were there any areas where the candidate excelled? Any particular strengths? Please be specific.  
\_\_\_\_\_

20. Conversely, are there any areas that the candidate could use improvement? Any particular weaknesses? Please be specific.  
\_\_\_\_\_