## **Employment Application**

Riceville Family Care & Therapy Center

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

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

Name:					Date:			
		Middle	Last					
Mailing Address: Stree		City	State	Zip	Phone	Number:_		
		•		•	AA - <b>L</b> 21 -	Db		
Email Address:	for			ları dasi	Mobile	Phone:		
Position applied f					red (2)			
Days/hours availa No Pref					ou work week before?			
Mon F					rk?			
Tuo	Cat				): Days			NOC
Tue	Jac	<del></del>	Jillius preferi	eu(circle	). Days	1 /41		NOC
Wed S Circle 1:	FULL	-TIME ONLY	PART-TIME O	NLY I	FULL- OR PAR	T-TIME ON	CALL	
How were you ret								
Education:								
	Name of	School	City, State	Со	ourses/major	Completion date	Degree/ earned	certificate
High School/GED								
College/Vocation	a							
Professional								
Certifications								
Honors/Awards re				D-1		<u> </u>		
Current Hobbies,	Interests,	, sports participa	ation, Voluntee	er Roles:_				
Professional								
Clubs/Organization	ons:							
3								_
Have you ever be	een convi	icted of a crime	?No	Yes				
If so, describe nu	mber of c	onvictions, natu	re of offenses	leading t	o conviction,	dates of ar	y convict	ions,
sentence imposed	b							
Do you have a Dri	iver's Lice	ense?Yes	No					
	46 - 4	d Farrage N	vaa Na Awa			lational C.	d2 V	N-
Have you been in	tne Arme	ed Forces?Y	esNo Are	you curr	rently in the N	lational Gu	ard:Y	esNo
Date Entered		Brancn		Discharge	e pate & Rank			
Professional Lic	enses or (	Certifications:						
		ued From Dept./Org	Date Issued		Number		RFC&TC Veri	ification
Туре	1221	ued From Dept./Org	Date Issued	I	number	<u> </u>	M Cu IC Vell	ii icaciUII
								_

**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 History:** List most current position first

Employment Application	on Addendum
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 nan	nes and other married names:
,	, or have you ever been notified, of being placed on the OIG Excluded Provider
	List Service (EPLS.gov) maintained by the General Services Administration (GSA)?
	ne date(s) and reason(s). If you were at one time on such a list and have be
subsequently removed	- indicate applicable dates/reasons.
Have you ever had a proof of the second of t	ofessional license subject to suspension or revocation in this or any other state?  ne date and reason:
Have you ever voluntar specify the date and re	ily relinquished your professional license in this or any other state? If yes, please ason:
Why do you think want	to work at the Riceville Family Care & Therapy Center?
PLEASE READ CAREFULL	Y BEFORE SIGNING:
the facility may investige information provided capenalties as appropriate	answers given are true and complete to the best of my knowledge. I understand that gate all statements made in this Application and that any false or misleading an result in a decision not to hire, immediate discharge if hired, and civil or criminal e. I further understand that this Addendum is considered part of the original ment and shall be incorporated therein.
Signature:	Date:

## **Iowa Criminal History and Abuse Record Check Authorization**

## Riceville Family Care & Therapy Center

Phone: 641-985-2606 Fax: 641-985-4070

Lam requesting an Iowa Criminal Histo	rv Record Check on:				
Last Name (mandatory) Any and all used	First Name (mandatory)		Middle Name (recommended)		
			Nurse License #:		
Date of Birth (mandatory)	Gender (mandatory)		Social Security Number (recommended)		
	□Male □	Female			
Waiver Information: Without a sign be releasable, per Code of Iowa, Chapte obtain a waiver signature from the subj	r 692.2. For <u>complete</u> crimin	the request, a al history reco	complete criminal history record may not rd information, as allowed by law, always		
Waiver Release: I hereby give permission fo Investigation (DCI). Any criminal history data conc	r the above requesting official to condu erning me that is maintained by the DC	ect an Iowa crimina I may be released a	al history record check with the Division of Criminal as allowed by law.		
Waiver Signature:					
SING results:CRM	Criminal History	SAM/OIC	Raculte		
	Sex Offender	Attach Cop	pies of:		
	Child Abuse Registry	_	- CNA/CPR /First Aid/Other Training		
	Nurse Aid Registry		& Soc. Security Card or birth certificate		
NUR Nurses License Printed off and attached to this application.  Professional License Immunization Record					
ininianization record					
You will be required to complete	and pass a Physical and	TB Skin Tes	st to be eligible for employment.		
scanned, faxed, or emailed copy of this a true and complete to the best of my know	uthorization shall be as valid vledge. I authorize the invest	as the original igation of all s	f it upon request and that a photographic, I. I certify that the answers given herein are tatements in this application and give the and release the Company from any liability as a		
application may remove me from further misrepresentations at any time may be co is for no specific term and may be termin understand that no oral promise, Compar personnel manuals) constitutes an employ	consideration for employment ause for termination of emplo ated by me or the Company v by policy, custom, business pr nyment contract or modification and handbook or personnel ma	t. I also under yment. I unde vith or without actice or other on of the at wil nuals, as well	r procedure (including Company handbook or Il employment relationship between me and the as other Company policies and practices are		
I understand that my potential employme	nt depends on my ability to p	rove eligibility	y to work in the US through the I-9 form.		
Applicant's Signature:					
OFFICE USE: Interview Date:	Hire Date:	Wage:	Orientation Date: Start Date:		
Pointed for position due to:	.1011•	wage	J(a) ( Date		

CONFIDENTAL Date: CORFIGURATION CONFIDENTAL Date: Reference Name: Phone: Address: Phone:	ROFESSIONAL REFERENCE QUESTIONNAIRE DNFIDENTAL eference Name: ddress: Phone: pplicant Name: I authorize contact of this reference to include verbal and written inquiries or information about my demeanor, te 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?	1. How long have you known the candidate?
2. What is your relationship with this applicant?  3. Do you know of any reason we might not want this	2. Were you involved in the hiring process or did you directly hire the candidate?
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	3. Did the candidate report to you directly or through others? Please describe your relationship with the candidate.
individual?  If yes, did the applicant follow through with his/her portion of the duties or responsibilities?	4. Did the candidate consistently hit or miss goals/quotas?
5. How would you rate the quality of this applicant's contribution to the project?	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. In your experience with this individual, have you found him/her to be:	i
Reliable? Patient? Compassionate? 7. Please complete the following sentences with regard to this applicant:  a. I would best describe this individual as	6. How well did the candidate perform under stressful conditions such as facing sales or project deadlines?
b. This person's strengths include	7. How well did the candidate deal with any organizational or management changes that took place?
c. This person could be more effective if he/she worked to improve	8. or any customer sales or service issues?  9. Were there any areas where the candidate excelled? Any particular strengths? Please be specific.
8. Is there anything else you might be able to tell us abou his individual that would help us to make an employment decision?	

PROF	ESSIONAL REFERENCE QUESTIONNAIRE
	FIDENTAL Date:
Refer	ence Name:
Addr	ess:Phone:
	cant Name:
	orize contact of this reference to include verbal and
	n inquiries or information about my demeanor,
	mance, rehire potential, dates of employment,
	yment history and wage, and other history and traits.
*App	licant Signature:
11. H	ow long have you known the candidate?
12. W	Vere you involved in the hiring process or did
	ou directly hire the candidate?
,	
13. D	id the candidate report to you directly or
	nrough others? Please describe your
re	elationship with the candidate.
	<u>-</u>
14. D	id the candidate consistently hit or miss
g	oals/quotas?
_	
15. W	Vould you say the candidate made a substantial,
a	verage, or below average contribution to the
0	rganization? Please describe the reasons for
y	our answer.
_	
_	
	ow well did the candidate perform under
	tressful conditions such as facing sales or
p	roject deadlines?
	ow well did the candidate deal with any
	rganizational or management changes that
to	ook place?
_	
18. c	or any customer sales or service issues?
_	
	Vere there any areas where the candidate
	xcelled? Any particular strengths? Please be
S]	pecific.
20 -	1 0 2
	onversely, are there any areas that the
	andidate could use improvement? Any
p	articular weaknesses? Please be specific.