



# Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status or any other legally protected status.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security # (Voluntary): \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time

Desired Shifts:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Have you ever worked for this company?  YES  NO If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO If yes, explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Comments: Please include and explanation of any gaps in employment:

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## Disclaimer & Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.



**EMPLOYMENT APPLICATION ADDENDUM**

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

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

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Professional License Number: \_\_\_\_\_

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

Provide 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 and reason. (Even if you were at one time on such list and have since been removed, please so indicate):

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

Have you ever had a professional license subject to suspension or revocation? If yes, please specify the date and the reason: \_\_\_\_\_

\_\_\_\_\_

Have you ever voluntarily relinquished your professional license? If yes, please specify the date and reason:

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

**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

## CONFIDENTIAL REFERENCE REQUEST

Concerning (name) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### PERMISSION TO CHECK REFERENCES

I do hereby give my permission for release of information concerning former employment.

\_\_\_\_\_  
(Signature)

Dear Sir or Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be sincerely appreciated, and will be held completely in confidence. Both the applicant and I will benefit from an early reply, since his/her employment is pending.

Thank You

Name \_\_\_\_\_

Title \_\_\_\_\_

Facility EVERGREEN ESTATES

Address 3410 12TH AVE SW  
CEDAR RAPIDS, IA 52404

Was the applicant in your employ from \_\_\_\_\_ to \_\_\_\_\_?  Yes  No

Was his/her position or title \_\_\_\_\_?  Yes  No

Did he/she leave because \_\_\_\_\_?  Yes  No

Would you rehire?  Yes  No

If not, why not? \_\_\_\_\_

Applicant's health:  Good  Adequate  Poor

Quality of work:  Good  Adequate  Poor

Productive output:  Good  Adequate  Poor

Attendance:  Good  Adequate  Poor

Cooperation:  Good  Adequate  Poor

Initiative:  Good  Adequate  Poor

Other comments (your remarks are the most important part of this questionnaire):

Signed \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_



APPLICATION FOR EMPLOYMENT ADDENDUM  
EVERGREEN ESTATES

Name of Applicant \_\_\_\_\_

Social Security # \_\_\_\_\_

All new applicants for employment who are being considered for a position will be subject to a criminal history, dependent adult, an child abuse record check conducted by the Division of Criminal Investigations (DCI) and the Department of Human Services (DHS).

Do you have a record of founded child abuse?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a record of founded dependent adult abuse?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime, in this state or any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_