

DANVILLE CARE CENTER

401 SOUTH BIRCH STREET
DANVILLE, IA 52623



APPLICATION FOR EMPLOYMENT/VOLUNTEERISM

Please indicate which job you're applying for:

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| C.N.A. <input type="checkbox"/> | Housekeeping/Laundry <input type="checkbox"/> |
| Nurse <input type="checkbox"/> | Dietary <input type="checkbox"/> |
| M.D.S. Coordinator <input type="checkbox"/> | Activities <input type="checkbox"/> |
| Director of Nursing <input type="checkbox"/> | Maintenance <input type="checkbox"/> |

NOTE: A Criminal History and an abuse record check will be conducted prior to employment / volunteering.

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|--|------------|----------------|-------------------------------------|
| PERSONAL DATA — Please fill out completely | | | Date of Application: ____/____/____ |
| Last Name | First Name | Middle Initial | For office use – Date of interview |
| Street Address | | | Apt/Lot Number |
| City | State | Zip | Social Security Number |
| Are you at least 18 years of age? Yes ____ No ____ If less than age 16, can you furnish a work permit? Yes ____ No ____ | | | Phone Number |
| Are you a United States Citizen? Yes ____ No ____ Are you legally able to work in the United States? Yes ____ No ____ | | | Date you would be able to work? |
| Are you available: Full Time: ____ Part Time: ____ Temporary ____ | | | Expected Wage: _____ |

EMPLOYMENT HISTORY

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|--|--|
| Company _____ Address _____ City/State/Zip _____ Phone Number _____ Job Title _____ Supervisor's Name _____ Dates Employed From _____ To _____ | Describe job duties, equipment used, etc. _____ _____ _____ Reason for leaving _____ _____ |
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|--|--|
| Company _____ Address _____ City/State/Zip _____ Phone Number _____ Job Title _____ Supervisor's Name _____ Dates Employed From _____ To _____ | Describe job duties, equipment used, etc. _____ _____ _____ Reason for leaving _____ _____ |
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(Employment continued)

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| Company _____ Address _____ City/State/Zip _____ Phone Number _____ Job Title _____ Supervisor's Name _____ Dates Employed From _____ To _____ | Describe job duties, equipment used, etc. _____ _____ Reason for leaving _____ _____ |
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| May we contact your present employer? Yes ____ No ____ | May we contact your former employer(s)? Yes ____ No ____ |
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EDUCATION INFORMATION

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| Indicate last grade completed: 8 ____ 9 ____ 10 ____ 11 ____ 12 ____ GED ____ | Name and location of High School: _____ |
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| College: 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ Did you graduate? Yes ____ No ____ | Name and addresses of college(s): _____ _____ _____ | List subjects studied and degrees received: _____ _____ _____ |
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In the space below, please state any additional information you believe may be helpful in considering your application. Include special skills, qualifications, activities, etc.

REFERENCES: List name, address and telephone number of three references who are not related to you or are not previous employers.

| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|
| | | |
| | | |
| | | |

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 or offence relating to motor vehicle laws of the road under chapter 321 or equivalent provisions), in this state or any other state? Yes ____ No ____ . If so, explain on separate sheet of paper and attach.

Are you currently required to register as a sex offender in this state or any other jurisdiction? Yes ____ No ____

Please read carefully before signing.

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. Danville Care Center may investigate all statements made in this application. I grant permission to conduct criminal history and abuse background record checks prior to obtaining employment. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired and civil and/or criminal penalties in appropriate cases.

I understand I will be required to fulfill aspects of any job I am hired to perform. I understand that failure to fulfill any portion of the job may be grounds for termination. I understand I may be required to pass an agility test. I also understand that I may be required to take a random drug test if requested to do so by the D.O.N. or Administrator without notice.

I understand that this Application is not a contract of employment; that is if hired, regardless of any oral representation to the contrary, the employment relationship between myself and the Danville Care Center is terminable at will; that I have the right to terminate my employment at any time for any reason, and the Danville Care Center retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired, I am required to abide by all rules and regulations of the Danville Care Center.

Signature _____ Date _____

I, _____, authorize the release of information concerning my qualification for employment at Danville Care Center.

Signature _____ Date _____