

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 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 | |

| REFERENCES (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