



# Application For Employment

**CONFIDENTIAL**

(PLEASE PRINT CLEARLY)

## PERSONAL INFORMATION

DATE OF APPLICATION		DATE AVAILABLE	SOCIAL SECURITY NUMBER
NAME - LAST, FIRST, MIDDLE			
PRESENT ADDRESS - STREET, CITY, STATE, ZIP CODE			PHONE NUMBER
PERMANENT ADDRESS (if Different Than Present Address) - STREET, CITY, STATE, ZIP CODE			PHONE NUMBER
IF YOU CANNOT BE REACHED AT ABOVE PHONE NUMBER, WHERE MAY WE CONTACT YOU?	NAME OF PERSON		PHONE NUMBER

## EMPLOYMENT DESIRED

TYPE OF WORK DESIRED	SHIFT	SALARY	Will You Accept Employment of: <input type="checkbox"/> Full Time? <input type="checkbox"/> Part Time? <input type="checkbox"/> Temporary? Are You 18 Yrs. of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No How Did You Learn Of This Opening? _____ Are You Available To Work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Limit Your Annual Earnings Due To Social Security Or Other Reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please State What Is The Maximum Amount You Wish To Earn: _____
FIRST CHOICE			
SECOND CHOICE			
THIRD CHOICE			

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED    8   9   10   11   12   13   14   15   16

	NAME OF SCHOOL	LOCATION (CITY / STATE)	COURSES TAKEN	COMPLETED	TYPE OF DEGREE OR CERTIFICATE RECEIVED
HIGH SCHOOL				<input type="checkbox"/> No <input type="checkbox"/> Yes	
COLLEGE				<input type="checkbox"/> No    DATE <input type="checkbox"/> Yes	
VOCATIONAL OR BUSINESS				<input type="checkbox"/> No    DATE <input type="checkbox"/> Yes	
PROFESSIONAL EDUCATION				<input type="checkbox"/> No    DATE <input type="checkbox"/> Yes	
LABORATORY OR X-RAY TRAINING				<input type="checkbox"/> No    DATE <input type="checkbox"/> Yes	

EXTRACURRICULAR ACTIVITIES WHILE IN SCHOOL

MEMBER OF PROFESSIONAL ORGANIZATIONS

HONORS RECEIVED, VOLUNTEER OR COMMUNITY SERVICE OR OTHER QUALIFICATIONS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING

ARE YOU IN THE U.S. ARMED FORCES - IF YES, WHICH BRANCH  
 Yes    No

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

TYPE	ORGANIZATION OR STATE ISSUED	DATE ISSUED	NUMBER	VERIF.

**EMPLOYMENT RECORD (List Last or Present Position First)**

PRESENT AND FORMER EMPLOYERS		DATES EMPLOYED	SALARY RANGE	POSITION & DUTIES
NAME		FROM	STARTING	
ADDRESS				
CITY / STATE / ZIP		TO	ENDING	
SUPERVISOR	PHONE			
REASON FOR LEAVING				
NAME		FROM	STARTING	
ADDRESS				
CITY / STATE / ZIP		TO	ENDING	
SUPERVISOR	PHONE			
REASON FOR LEAVING				
NAME		FROM	STARTING	
ADDRESS				
CITY / STATE / ZIP		TO	ENDING	
SUPERVISOR	PHONE			
REASON FOR LEAVING				
NAME		FROM	STARTING	
ADDRESS				
CITY / STATE / ZIP		TO	ENDING	
SUPERVISOR	PHONE			
REASON FOR LEAVING				
NAME		FROM	STARTING	
ADDRESS				
CITY / STATE / ZIP		TO	ENDING	
SUPERVISOR	PHONE			
REASON FOR LEAVING				

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below:

LAST	FIRST	MIDDLE INITIAL
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Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state?  Yes  No

If Yes, for what, when and where? \_\_\_\_\_

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give us further information that will assist us in placing you, including at least two personal references not related to you, whom you have known at least one year.


### CITIZENSHIP

Within three days after employment, you will be required by IRCA guidelines to prove your citizenship or eligibility as an alien.

Are you a citizen of the United States or specifically authorized to be employed in the United States?  Yes  No

### EMPLOYMENT UNDERSTANDING (PLEASE READ AND SIGN)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete I may not be hired, or if hired, I may be discharged.

I authorize the employer to investigate all statements contained in this application for employment as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

I authorize my prior employers, references, and others with information regarding my work, educational history, or my character, to provide the employer will all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that this application is not a contract of employment. If hired, my employment and compensation can be terminated at will, with or without a showing of cause, and with or without notice by either myself or my employer.

I hereby give permission for the employer to conduct an Iowa criminal history, a National criminal history, and dependent adult abuse check with the Division of Criminal Investigation.

I understand that if I am offered employment, the offer is conditional upon receipt of satisfactory employment references, acceptable criminal/abuse compliance background information, and favorable health evaluation which is provided by Clarke County Hospital.

APPLICANT'S SIGNATURE	TODAY'S DATE
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