



Employment Application

Position Desired:	Date:
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(TYPE/PRINT LEGIBLY)

Last Name	First	Middle Initial	Social Security # - - -
Current Street Address	City, State, Zip		Phone Number ()
Permanent Address	City, State, Zip		Email Address
Driver License #/State of Issue (if driving position)	How did you hear about WHC?	Referred By:	

Date Available to Start	Salary Required \$	Circle when you are available to work: Days Evenings Nights Weekends FT PT	# of hours desired per week:
Have you applied here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Best time to contact you:
Have you worked here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	

Please list any other names you have used, including maiden name and previous marriages.

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Name and Location of Schools Attended	Major/Emphasis	Graduate Y or N?
High School		
College		
Trade or Business School		
Other Courses		

YOU MUST COMPLETE THIS SECTION IN FULL, EVEN IF YOU ARE SUPPLYING A RESUME.

(List below your last four employers, starting with most recent one first)

Date (Month and Year)	Ending Title & Salary	Company/Supervisor Name and Address	Reason for Leaving
From:	\$	Phone #	
To:			
From:	\$	Phone #	
To:			
From:	\$	Phone #	
To:			
From:	\$	Phone #	
To:			

Please list three (3) professional references who are not relatives:

Name	Business	Email Address	Phone

In considering your application for employment, Willow Winds will conduct a detailed and thorough investigation which may include but is not limited to: a criminal records check, certification check, interviews or inquiries of prior employers, co-workers, acquaintances, relatives or friends. If there is someone you do not want us to contact, **please list them here:**

Professional Licenses and Certifications (CNA, LPN, RN, etc.)			
Date:	State:	Type:	Number:
Has your license or registration ever been suspended, revoked or on probation?			

Do you have a record of founded child or dependent adult abuse, have you ever been excluded from participation in the Medicare, Medicaid or any other Federal health care programs, or have you been **convicted of a crime** in this state or any other state? If yes*, please explain: Yes No

**Willow Winds is required to complete a criminal record and dependent adult abuse check on all potential employees. If your answer is "yes", you will not automatically be disqualified from employment consideration, except as required by state or federal law.*

Are you a U.S. citizen or a resident alien legally authorized to work in the United States? Yes No

IMPORTANT - We are glad you are interested in joining the Willow Winds team. Please read the following statement carefully before you sign and return this application.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I understand that my employment is at-will and that I may terminate the employment relationship at any time and for any reason, with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by the CEO.

If I am hired, I agree to and authorize the use of direct deposit for payment of wages.

If I am hired, I agree to report any instance to Willow Winds if I am convicted of a criminal offense, founded case of dependent adult abuse, a license or certification relevant to my duties has been revoked, or I am excluded from participation in the Medicare, Medicaid, or any other Federal health care program.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers or other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment. I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I hereby affirm that the information provided on this application (and accompanying resume, if applicable) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge if discovered at a later date.

Signature

Date

Attention Applicant: Please fill out the shaded areas of the form below. If you have had more than one last name, please include each last name.

**IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
Form C**

TO: Iowa Division of Criminal Investigation Bureau of Identification Wallace State Office Building (515) 281-5138 (515) 242-6876 (fax)	ACCOUNT NUMBER FROM: <u>Willow Winds Assisted Living, LLC</u> <u>121 Bremer Ave</u> <u>Denver, IA 50622</u> Phone # <u>(319) 984-5867</u> Fax # <u>319-268-2205</u>
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I am requesting an Iowa Criminal History/Dependent Adult Abuse/Child Abuse Check on:

(TYPE/PRINT LEGIBLY)

REQUEST

_____ Last Name (mandatory)	_____ First Name (mandatory)	_____ Middle Name (mandatory)
____/____/____ Date of Birth (mandatory)	_____ Sex (mandatory)	____-____-____ Social Security Number (mandatory)
_____ Signature of Requestor		

There is a separate Form "C" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a Name and date of birth check revealed:

No CCH record found <input type="checkbox"/>	No record of founded Dependent Adult Abuse <input type="checkbox"/>	
CCH record attached <input type="checkbox"/>	Potential DAAR or CAR 'hit', send 2310 to DHS <input type="checkbox"/>	
	No record of founded Dependent Adult Abuse <input type="checkbox"/>	

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history, Child Abuse and dependent adult abuse check with the Division of Criminal Investigation.

_____ Signature	_____ Date
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