



Employment Application

An Equal Opportunity Employer

We do not discriminate based on race, color, religion, national origin, sex, age, disability, sexual orientation, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that the selection decisions be based on job-related factors. No question on this application is intended to secure information to be used for such discrimination.

Mission Statement

“As we have therefore opportunity, let us do good unto all men.”

Galatians 6:10

Employment Understanding (read and sign)

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand a pre-employment drug test and/or physical examination may be required by Linn Manor as a part of the screening process.

Applicants Signature

Date

LINN MANOR CARE CENTER APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please complete all five pages of this application. Failure to submit a complete application may result in its rejection. Your application will remain active in our database 30 days.

Date	Phone #	Alternate Phone #	Social Security Number (optional) - -
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Email	Years worked as a Nurse or CNA
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Employment Position Desired	Shift(s)	Salary
First Choice		
Second Choice		
Third Choice		

Will you accept Employment of: (Check ALL that apply) Full Time Part Time Temporary

May we contact your present employer? Yes No

Your name as it appears on your Social Security Card

Last	First	Middle
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Your current address

Street	City	State	Zip	How Long?
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Previous address (required if you have been at your present address for less than 7 years)

Street	City	State	Zip	How Long?
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Professional Licenses / Certificates (Required for all CNA, LPN, & RN, applicants)

Type	License #	State	Expiration Date
Type	License #	State	Expiration Date

Education

Name/City/State of School	# of Years	Did you Graduate?	Degree
High School / GED (circle one)			
Vocational / Tech			
College / University			

List any special skills or qualifications you possess that would benefit this position.

EMPLOYMENT HISTORY: This section must be complete for your application to be considered. *The correct telephone numbers of past employers and references are critical.*

Most recent employer

Company Name/City & State		Start/End Dates	Position held	Final Wage/Salary
Duties				
Main Phone #	Reason for Leaving			
Professional reference for this employer.	Position	Phone #		

2nd most recent employer

Company Name/City & State		Start/End Dates	Position Held	Final Wage/Salary
Duties				
Main Phone #	Reason for Leaving			
Professional reference for this employer.	Position	Phone #		

3rd most recent employer

Company Name/City & State		Start/End Dates	Position Held	Final Wage/Salary
Duties				
Main Phone #	Reason for Leaving			
Professional reference for this employer.	Position	Phone #		

Please list dates and details regarding any periods of unemployment

REFERENCES: Give two references, not relatives or former employers

Name	Address	Phone

How did you hear about Linn Manor Care Center?

- Employee Referral - Employee's Name _____
- Newspaper Ad Walk In Web Other _____

Have you ever been convicted of a law violation? (Include any pleas of "guilty" or "no contest." Exclude minor traffic violations.) No Yes If yes, give details. _____
(A misdemeanor conviction will not necessarily disqualify an applicant for employment.)

Have you ever been employed at Linn Manor Care Ctr? Yes No Have you applied previously? Yes No
Are you over 18 years of age? Yes No

(If hired, you may be required to provide proof of age)

If hired, can you furnish proof you are eligible to work in the United States? Yes No

Please Indicate Days and Hours You Are Available For Work (Be Specific)

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

This Page For Institution and Interviewers' Use Only

Interviewers Comments		
Name of Applicant _____		
Interviewer	Date	Comments

Reference and Prior Employment		
Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use	
Hired _____	For what department _____
Postion _____	
Salary _____	per Month Starting Date _____
	Year _____
	Hour _____



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: 0847
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: Linn Manor Care Center
1140 Elim Dr
Marion, IA 52302

Phone: (319) 377-4611

Fax: (319) 377-4612

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
		<u>Maiden Name</u> (if applicable)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____