



Application for Employment

Retirement Living with a Family Atmosphere

1203 East Washington Street | Washington, Iowa 52353
319.653.5473 | info@uphome.org | www.uphome.org

NAME: Last, First, Middle _____

Position: _____

Date: _____

Personal Information

Applicant: _____
 Last Name First Middle

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about employment at the United Presbyterian Home? (please check all that apply)

Newspaper Radio Internet Church Referral, who? _____ Other: _____

Employment Desired

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		

Will you accept employment of?

Full-time Part-time Temporary

Date Available _____

RN, LPN and CNA Shifts: 1st Shift (6a-2p); 2nd Shift (2p-10p); 3rd Shift (10p-6a)

EDUCATION/TRAINING				
School	Name and City/State of School	Courses Taken	Did you Graduate?	List Diploma, Degree or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date ____/____/____	
Other Classes/Training				

Extracurricular Activities While in School: _____

Area of Specialization or Major Interest: _____

Professional Organization Membership, Honors Received, Volunteer or Community Service: _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS			
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number
Type	Organization or State Issued	Date Issued	Number

MILITARY RECORD			
Military Branch	Entry Rank	Separation Rank	Separation Date(s)

List Service Awards, Commendations: _____

Employment History

List current (or most recent) employer first and all others in reverse chronological order.

Company Name:	Dates Employed:		
	From:	To:	
Address: (Street, City, State, Zip Code)	Phone:	Starting Salary	Ending Salary
		\$	\$
Position/Title:	Immediate Supervisor's Name and Title:		
Reason for Leaving:			
Job Description and Responsibilities:			
May we contact them for reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name:	Dates Employed:		
	From:	To:	
Address: (Street, City, State, Zip Code)	Phone:	Starting Salary	Ending Salary
		\$	\$
Position/Title:	Immediate Supervisor's Name and Title:		
Reason for Leaving:			
Job Description and Responsibilities:			
May we contact them for reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Company Name:	Dates Employed:		
	From:	To:	
Address: (Street, City, State, Zip Code)	Phone:	Starting Salary	Ending Salary
		\$	\$
Position/Title:	Immediate Supervisor's Name and Title:		
Reason for Leaving:			
Job Description and Responsibilities:			
May we contact them for reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			



REFERENCES - LIST THREE REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYEES

Name and Relationship	Title	Company Name and Address	Phone Number

AVAILABILITY INFORMATION

PLEASE INDICATE DAYS AND HOURS YOU ARE AVAILABLE FOR WORK

Day	From	To
Sunday	AM	AM
	PM	PM
Monday	AM	AM
	PM	PM
Tuesday	AM	AM
	PM	PM
Wednesday	AM	AM
	PM	PM
Thursday	AM	AM
	PM	PM
Friday	AM	AM
	PM	PM
Saturday	AM	AM
	PM	PM

Primary position desired: _____

Will you accept another position? _____

If so, what? _____

Check the following times you are available to work:

Weekends: Yes No Holidays: Yes No

Rotating Shifts: Yes No On Call: Yes No

I understand that emergency conditions may require me to work shifts other than the one for which I am applying for and agree to such scheduling changes as directed by my department head or the Administrator of this organization.

Applicant's Signature _____ Date _____

If your availability status changes, it is your responsibility to notify your department head or the Administrator.

The United Presbyterian Home does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, national origin, ancestry or on the basis of age or physical or mental disability unrelated to ability to perform the work required.

I voluntarily give the United Presbyterian Home the right to make a thorough investigation of my past employment and activities. I agree to cooperate in such investigation and to release from all liability or responsibility of all persons, companies or corporations supplying such information. 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 an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date



**United Presbyterian Home
Criminal History and Dependent Adult Abuse
Record Check Authorization**

Last Name	First Name	Middle Name
Date of Birth	Sex	Social Security Number

To each person seeking employment: 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 offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions, in this state or any other state?

Yes

No

If yes, explain: _____

I hereby give permission for United Presbyterian Home to conduct an Iowa criminal history and dependent adult abuse check with the Division of Criminal Investigation and with the HHS Office of Inspector General.

Signature

Date