



Iowa Specialty Hospital

Application for Employment

CONFIDENTIAL

(please print clearly)

This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap/ impairment unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration; however, its receipt does not imply that the applicant will be employed.

APPLICANT INFORMATION

Last Name			First	Middle	Date
					Social Security No.
Street Address					Home Phone
City, State, Zip					Cell Phone
Position Applied for					Email Address
Type of employment desired <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Temporary					
Desired Salary				When will you be available to begin work?	
Have you ever applied for employment with us?					
<input type="radio"/> Yes					
<input type="radio"/> No If so, when? Name					
Other special training or skills (languages, machine operation, etc)					

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YRS COMPLETE	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				<input type="radio"/> Yes <input type="radio"/> No	
High				<input type="radio"/> Yes <input type="radio"/> No	
Certificate				<input type="radio"/> Yes <input type="radio"/> No	
Other				<input type="radio"/> Yes <input type="radio"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

EMPLOYMENT HISTORY

Please provide accurate full-time and part-time employment record. Present or recent employer first.

Company Name	Telephone
Address	Employment Date From To
Name of Supervisor	Rate of Pay Start Final
Job Title or Describe work	Reason for Leaving
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	

Company Name	Telephone
Address	Employment Date From To
Name of Supervisor	Rate of Pay Start Final
Job Title or Describe work	Reason for Leaving
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	

Company Name	Telephone
Address	Employment Date From To
Name of Supervisor	Rate of Pay Start Final
Job Title or Describe work	Reason for Leaving
May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	

PERSONAL REFERENCES

Name	Phone Number	Relationship
1		
2		
3		

