

Iowa Specialty Hospital

Application for Employment CONFIDENTIAL

(please print clearly)

This institution does not discriminate in hiring or employment of 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 Securit	y No.			
Street Addre	SS							
				Home Phone				
City, State, Zip								
				Cell Phone				
Position Applied for				E '1 A I I				
T of a	layers at desired Of Ultimes Of Deat Times	O.T		Email Addres	S			
Desired Salar	loyment desired O Full Time O Part Time	O Temporary When will you	ho available	to bogin worl	,3			
	y er applied for employment with us?	when will you	De avaliable	to begin work	Χ:			
O Yes	applica for employment with as:							
O No	If so, when? Name							
Other specia	I training or skills (languages, machine operation, etc	c)						
	EDU	JCATION						
			COURSE	NUMBER OF YRS	DID YOU	DEGREE OR		
SCHOOL	NAME AND LOCATION OF SCHOO)L	OF STUDY		GRADUATE?	DIPLOMA		
00.1001		-	0.0.00			220		
College					O Yes O No			
					UNO			
					O Yes			
High					O No			
Certificate					O Yes			
Certificate					O No			
					0.11			
Other					O Yes O No			
					20			

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS			

EMPLOYMENT HISTORY							
Please provide accurate full-time and part-time e	mployment 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? O Yes O 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? O Yes O 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? O Yes O No							
PERSONAL	REFERENCES						
	ne Number Relationship						
1							
2							
3							

MILITARY						
Branch of Service	Period of Active Duty					
Describe your duties and any special training	Month and Year From To					
	Rank at Discharge					
	Date of Final Discharge					
SIGNATURE						
The information provided in this Application for Employment id true, correct and con	nplete. If employed, any misstatement					

understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigate consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

> Date Signature

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 offence relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions in this state or any other state?

> O No O Yes

If you drive for Iowa Specialty Hospital you are required to have the appropriate current and unrestricted license. You will be required to furnish proof of your driving record as part of your application and may be required to release your driving record annually thereafter.

AUTHORIZATION FOR RELEASE OF INFORMATION

I have applied for a job at Iowa Specialty Hospital. I hereby authorize my previous employer to forward any or all references concerning my employment. I hereby release this employer from any liability for any damage due to releasing such information.

> Date Signature