1005 Lincoln Avenue | Dubuque, Iowa 52001
563.556.5233 | bethanyhomedubuque.org

BETHANY HOME
quality living. exceptional care.

Office Use Only: Date Application Received at Bethany Home: _____

EMPLOYMENT APPLICATION

Date of Application: _____

Full Name: _____
Last *First* *M.I.*

Address: _____
Street address *Apt/Unit #*

_____
City *State* *Zip Code*

Phone: _____ Email: _____

Please provide all names that you have used int he past, including maiden/married names and/or aliases

_____

_____

Are you authorized to work in the U.S.?	☐ Yes ☐ No			
Are you at least 18 years of age?	☐ Yes ☐ No			
Are you at least 16 years of age?	☐ Yes ☐ No	If not, can you furnish a work permit?	☐ Yes	☐ No
Have you ever been employed at Bethany Home?	☐ Yes ☐ No	If yes, provide dates.		

Desired Position: _____ Available Start Date: _____ Expected Salary $ _____

Are you available to work: ☐Full Time ☐Part Time ☐PRN

What days of the week are you available to work? (Circle all that apply) S M T W T F S

What hours? ☐1st Shift ☐2nd Shift ☐3rd Shift ☐Other

Do you have a record of a 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:

_____

_____

Are there currently any criminal charges involving you, or are you under investigation for child or dependent adult abuse? ☐ Yes ☐ No

If yes, explain:

_____

_____

Education and Training

High school: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Diploma: _____

College: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Are there any education honors, special skills and qualifications, or other information that you believe is related to your ability to perform the position for which you are applying?

_____

_____

Previous Employment

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job title: _____ From: _____ To: _____

Responsibilities: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

EMPLOYMENT ELIGIBILITY

If hired, you will be required to submit documents sufficient to establish employment authorization and identity compliance with the Immigration Reform and Control Act of 1986 and applicable regulations. While you are not required to provide this documentation at the time of your interview, you must do so after receiving and accepting an offer of employment.

AN EQUAL OPPORTUNITY EMPLOYER

This facility is an Equal Opportunity Employer. Employment decisions are made without regard to age, race, color, creed, sex, sexual orientation, gender identity, national origin, religion, disability, status as a disabled or Vietnam-era veteran, or any other category protected by law.

APPLICATION RETENTION POLICY

Please note that this application will be retained for a period of 90 days from the date of submission. After this period, unless you are hired or contacted regarding your application, it will be securely destroyed. If you wish to be considered for employment after the 90-day period, you must submit a new application.

APPLICANT'S STATEMENT

Please read carefully before completing the employment application and signing below.

I certify that the answers given in this Employment Application are true and complete to the best of my knowledge. I understand that the facility may investigate all statements made in this application and that it is required by law to check for any criminal or abuse records.

I understand that any false or misleading information provided may result in a decision not to hire me, immediate termination if hired, and possible civil or criminal penalties in appropriate cases.

By signing below, I acknowledge that I have reviewed the job description(s) for the position(s) for which I have applied. I understand that failure to fulfill any aspect of the job requirements may result in termination.

I also understand that I may be required to undergo a physical examination conducted by a physician of the employer's choosing after receiving a conditional offer of employment. A health screening for communicable diseases, such as tuberculosis (TB), is also required.

If hired, I agree to abide by all rules, regulations, and policies of the facility.

Signature: _____ Date: _____

EMPLOYMENT APPLICATION PROFESSIONAL LICENSE ADDENDUM

Name (Last) _____

(First) _____ (Middle) _____

Address _____

City _____ State _____ Zip Code _____

Phone Numbers as Applicable: Home (_____) _____-_____

Cell (_____) _____-_____

Email Address _____

Date of Birth _____ Social Security # _____-_____-_____

Professional License # _____

Please provide all names that you have used in the past, including maiden/married names and/or aliases

_____

_____

Do you have knowledge, or have you been notified of being placed on the OIG Excluded Provider List or Excluded Parties List Service (EPLS.gov) maintained by the General Services Administration (GSA)? ☐ Y ☐ N

If yes, please specify the date and reason. Even if you were at one time on such list and have been removed, please indicate thusly. _____

_____

Have you ever had a professional license subject to suspension or revocation? ☐ Y ☐ N

If yes, please specify the date and reason.

_____

_____

Have you ever voluntarily relinquished your professional license? ☐ Y ☐ N

If yes, please specify the date and reason.

_____

_____

PLEASE READ CAREFULLY BEFORE FILLING OUT THE EMPLOYMENT APPLICATION AND SIGNING

I certify that the answers given in this Employment Application are true and complete to the best of my knowledge. I understand that the facility may investigate all statements made in the Application and that any false or misleading information provided may result in a decision not to hire; immediate discharge, if hired; and civil or criminal penalties as appropriate. I further understand that this Addendum is considered part of the original Application for Employment and shall be incorporated therein.

_____ _____

Signature of Applicant Date

Applicant - Complete personal information in Top Box and sign at bottom of form.

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

ACCOUNT NUMBER 7307-C

TO: **Iowa Division of Criminal Investigation**
Bureau of Identification, 1st Floor
215 E 7th Street
Des Moines, IA 50319
(515) 281-5138 (Voice-days)
(515) 281-4776 (Voice-nights)
(515) 242-6876 (Fax)

FROM: Bethany Home
1005 Lincoln Ave.
Dubuque, IA 52001
Phone # 563-556-5233
Fax # 563-556-3078

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

REQUEST

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)

Maiden Name

Date of Birth (mandatory)	Sex (mandatory)	Social Security Number (recommended)
/ /		- -

Susan Westmark
Signature of Requester

(DCI Use Only)

RESULTS

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

No CCH record found	☐	**No record of founded Dependent Adult Abuse**	☐
CCH record attached	☐	**Potential DAAR "hit" send 2310 to DHS**	☐

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature (Applicant)	Date

Form No. 595-1489 (4/07)