

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 so, explain: _____

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

If so, explain: _____

EDUCATION

High School College/University Graduate/Professional

Years Completed			
Diploma/Degree			
Course of Study			

Educational honors, extra-curricular activities, professional societies or other information that you believe is related to your ability to perform the position for which you are applying and your application for employment: _____

Special skills and qualifications, including those acquired from employment or other experience: _____

EMPLOYMENT EXPERIENCE

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

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

POSITION: _____ STARTING DATE: _____ ENDING DATE: _____

SUPERVISOR: _____ STARTING WAGE: _____ ENDING WAGE: _____

DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____

POSITION: _____ STARTING DATE: _____ ENDING DATE: _____

SUPERVISOR: _____ STARTING WAGE: _____ ENDING WAGE: _____

DUTIES: _____

REASON FOR LEAVING: _____

Applicant's Statement

Please read carefully before signing.

I certify that the answers given on this application for employment are true and correct to the best of my knowledge. The facility may investigate all statements made in this application. The facility is required by law to check for any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this application I state that I have received a copy of the Job Description for all jobs for which I have applied. I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of my job may result in termination. I also understand that I will be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment and that a health screening for diseases, such as TB, is required.

I understand that this application is not a contract of employment; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant

REFERENCES

Provide the name and telephone number of three (3) references who are not related to you.

Name Contact information

Name Contact information

Name Contact information

Authorization for release of information

I hereby grant permission for the references to furnish Twilight Acres with information regarding my work history and a profile of my aptitude and character.

SIGNATURE OF APPLICANT: _____

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

To: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515) 281-5138
(515) 242-6876 (fax)

From: Twilight Acres
600 West 6th St.
Wall Lake, IA 51466
(712) 664-2488
(712) 664-2698 (fax)

I am requesting an Iowa Criminal History Check on:

Type/Print Legibly

REQUEST

Maiden Name	First Name	Middle Name
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Married Names _____

____/____/____ _____ ____/____/____

Date of Birth	Sex	Social Security Number
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Signature of Requestor

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation.

Applicant Signature	Date
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Twilight Acres

Today's Date: _____

Employee Information Worksheet

Legal Last Name: _____ Legal First Name: _____

Maiden Name: _____ Middle Initial : _____

Social Security Number: _____ DOB: _____ Prof. License # _____

Current Street Address: _____

Current City: _____ Current State: _____ Current Zip: _____

Pursuant to federal law, health care providers are prohibited from employing individuals who have been placed on the OIG Exclusion List maintained by the Attorney General's Office of the United States or the EPLS List. Employers have a continued obligation to periodically check whether employees have been placed on these lists and must maintain current information regarding the identification of their employees.

Have you ever been known by another legal last name? Y/N If so, list all other legal last names:

Do you go by a different first name, other than your legal name? Y/N If so, list all other legal first names:

Previous states you have worked in: _____

Do you have knowledge of being placed on the OIG Exclusion List? Y/N If yes, when and please explain:

Have you ever had a professional license subject to suspension or revocation? Please explain: _____

Have you ever voluntarily relinquished your professional license? Please explain: _____

I certify that the above information provided is true and complete to the best of my knowledge. I understand that the facility may investigate all statements made in this document and that any false or misleading information I have provided can result in a decision to immediately discharge or lead to civil or criminal penalties as appropriate.

Signature: _____ Date: _____