

Human Resources
5650 NW Johnston Dr. Suite E
Johnston, IA 50131
Fax: 515.276.1915



Date of Application: _____

Position Applied For: _____

Employees are valued and appreciated as individual members of a dedicated team. Employment opportunities are open to all qualified applicants solely on the basis of experience, education, aptitude and ability. Iowa Hospice ensures equal employment opportunities for all applicants and employees without regard to; race, color, sex, national origin, religion, veteran status, age, disabilities, or sexual orientation. Contact Human Resources for assistance with completion of this application or accommodations throughout the pre-employment process.

General Information

Name: _____

First

Middle

Last

Social Security Number _____ - ____ - ____

Are you eligible to work in the U.S.? Yes No

Address: _____

Street Address

City

State

Zip

Phone: () _____ () _____ () _____

Home

Cellular

Work

Email: _____ Best time to contact: morning afternoon evening

How did you learn of this opportunity? _____ Referred By: _____

Employment Desired

Status Preferred: Full Time Part Time PRN On Call Date of availability upon contingent job offer: _____

Briefly describe why you'd like to work for Iowa Hospice: _____

List Professional Organizational Memberships, Honors Received, or other position related qualifications: _____

Professional Licensure/Certifications for Clinical Candidates

Professional License Type: _____ License # _____ Exp. Date: _____

CNA Certification # _____ List other job related certifications: _____

Education

High school diploma or equivalent obtained? Yes No School Name and Location: _____

Higher Education

College Name

Location

Major/Degree Obtained/Year

College Name

Location

Major/Degree Obtained/Year

"Love in Action."

Experience

Resumes may be submitted **in addition to** the completed application. Please complete the application in its **entirety**. Attach a separate sheet if necessary to provide a complete work history.

<input type="checkbox"/> Current or <input type="checkbox"/> Most Recent Employer	Title	Employed From / / to / / Month/Year Month/Year
Address	Phone Number	Supervisor's Name/Title
Reason for Leaving	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, with my permission, upon offer	Ending Salary \$ _____ per _____

Position Summary

Employer	Title	Employed From / / to / / Month/Year Month/Year
Address	Phone Number	Supervisor's Name/Title
Reason for Leaving	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary \$ _____ per _____

Position Summary

Employer	Title	Employed From / / to / / Month/Year Month/Year
Address	Phone Number	Supervisor's Name/Title
Reason for Leaving	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary \$ _____ per _____

Position Summary

Employer	Title	Employed From / / to / / Month/Year Month/Year
Address	Phone Number	Supervisor's Name/Title
Reason for Leaving	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary \$ _____ per _____

Position Summary

"Love in Action."

Additional Information

Please explain any gaps in employment: _____

Have you ever been convicted of a crime? (A conviction will not necessarily disqualify an applicant.) Yes No
 If yes, please explain: _____

List names previously used for background check and employment verification purposes: _____

For positions requiring travel:

Can you provide documentation of a current driver's license and proof of insurance? Yes No

Have your driving privileges ever been suspended or revoked? Yes No If yes, please explain: _____

References

Please list 3 additional references **other than** former supervisors listed on the previous page or family members.

Name	Employer/Title	How are you acquainted?	Phone # / Email
			() _____ -- _____ Email: _____
			() _____ -- _____ Email: _____
			() _____ -- _____ Email: _____

Please read the statements below, acknowledge each section with your initials, and sign below.

- _____ I certify that I have answered the above questions truthfully and have not withheld any information relative to this application or supporting documents. I understand that any falsification, misrepresentation, omissions, or misleading statements will result in denial of employment or termination of employment if discovered after hire.
- _____ I authorize Iowa Hospice to investigate my work history, contact references, and verify my level of education. This information will be used to determine my suitability for employment. I release Iowa Hospice, former employers, and any other associated parties from any liability associated with this verification.
- _____ If hired by Iowa Hospice, I realize that my employment can be terminated at any time, with or without cause. No document provided by Iowa Hospice shall constitute an employment contract or alter the "at will" employment status.
- _____ I understand that I will be required to submit to a pre-employment drug screen and physical. Additionally, I will be required to clear a criminal background check (including adult and child abuse) prior to employment. I authorize the release of this information to Iowa Hospice for use in evaluating my suitability for employment.

Signature

Date

Iowa Hospice is an EEO employer dedicated to providing excellent patient care.

"Love in Action."