

**APPLICATION
FOR
EMPLOYMENT**
(Please Print)

To be completed by Supervisor:

1. Starting wage: _____ / hour 2. Shift/Hours: _____
3. Full-time / Part-time / Casual (*circle one*)
4. Orientation: _____ at _____ a.m./p.m.

Date of Application: _____ Position Applying For: _____

Current Name: _____
(Last) (First) (Middle)

Address: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security Number: _____ - _____ - _____

Are you at least eighteen (18) years of age: _____ Yes _____ No

Are you at least sixteen (16) years of age: _____ Yes _____ No

If you are less than sixteen (16) years of age; can you furnish a work permit: _____ Yes _____ No

Have you ever been employed by Simpson Memorial Home, Inc. (this includes Simpson Memorial Home, West Liberty Assisted Living, Wilton Retirement Community, and Leland Smith Assisted Living): _____ Yes _____ No

If yes, dates of employment: _____

Are you currently employed: _____ Yes _____ No

If yes, may we contact your present employer: _____ Yes _____ No

On what date would you be available for work: _____ Expected wage: \$ _____ /hour

Work availability: _____ Full-time (32+ hrs/week) _____ Part-time (20-32 hrs/week) _____ Casual (<20 hrs/week)

If Casual, circle days and times available: Sun M T W Th F Sat & 6am-2pm 2pm-10pm 10pm-6am

Do you have a record of 1) a founded child abuse report or 2) a founded dependent adult abuse report in this state or any other state: _____ Yes _____ No

If yes, explain (attach additional sheets if necessary): _____

Have you ever been 1) convicted of, or 2) pleaded guilty to, or 3) received a deferred judgment regarding a criminal offense (excluding simple misdemeanor traffic violations) in this state or any other state: _____ Yes _____ No

If yes, explain (attach additional sheets if necessary): _____

EDUCATION / TRAINING / SKILLS

School Name	Elementary/Middle:	High School:	Post High School:
Years completed (please circle)	4 5 6 7 8	9 10 11 12	1 2 3 4 5+
Diploma/Degree			
Course of Study			

Please list any educational honors; extra-curricular activities; professional societies or other information that you believe is related to this application and related to your ability to perform the position you are applying for:

Please list any special skills, certifications, or qualifications that you have acquired from your education, from prior employment or from experience in any other capacity:

Please set forth any additional information that you feel may be helpful to us in considering your application for employment:

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. 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? Yes No If so, list all other legal last names:

Do you go by a different first name, other than your legal name? Yes No If so, list those names:

Do you have any knowledge of being placed on the OIG Exclusion List? Yes No

If so, when: _____ and please explain the exclusion: _____

APPLICANT'S STATEMENT
PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. Simpson Memorial Home, Inc. may investigate all statements made in this Application.

Simpson Memorial Home, Inc. is obligated by law to check for any criminal records or abuse records, and I understand that any false or misleading information provided herein can result in a decision not to hire; immediate discharge if hired; and civil or criminal penalties in appropriate cases.

I understand that if hired, I will be required, during my orientation, to submit documents sufficient to establish employment authorization and identity in compliance with Simpson Memorial Home, Inc's obligations under the Immigration Reform and Control Act of 1986 (as subsequently amended). Simpson Memorial Home, Inc. also participates in the federal government's E-Verify program to assure employment authorization status.

I understand that this Application is not a contract for employment; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and Simpson Memorial Home, Inc. is terminable "at will"; and that I have the right to terminate my employment at any time for any reason, and Simpson Memorial Home, Inc. retains that same right. I further understand that any changes to this employment relationship must be in writing and signed by both parties and understand that if I am hired, I will be required to abide by all of the rules and regulations of Simpson Memorial Home, Inc. in effect at the time of my hiring and as later amended.

Lastly, I give Simpson Memorial Home, Inc. permission to check my references. My signature below gives my former employers permission to give out information about my tenure and my job performance; including duties, attendance, and attitude. My signature below further gives my personal references permission to tell how they know me and to speak about me personally.

Signature of Applicant

Date

EQUAL OPPORTUNITY EMPLOYER

Simpson Memorial Home, Inc. is an equal opportunity employer. Simpson Memorial Home, Inc. does not discriminate in employment on the basis of race, color, religion, sex, national origin, sexual orientation, gender identity, marital status, disability and genetic information, age, veteran status, or any other non-merit factors.

REFERENCE VERIFICATION
(to be completed by Supervisor)

Former Employer: _____

Starting and ending date of work: _____

Position held: _____

Job Performance:

1. Duties: _____

2. Attendance: _____

3. Attitude: _____

4. Other: _____

Eligible for rehire: _____

Person contacted: _____

Date contacted: _____ Staff member calling reference: _____

Personal Reference: _____

Relationship to Applicant: _____

Information provided about applicant: _____

Date contacted: _____ Staff member calling reference: _____



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: 7337-C
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

From: Simpson Memorial Home, Inc.
1000 North Miller Street
West Liberty, Iowa 52776

Phone: 319-627-4303
Fax: 319-627-4738

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<u>Iowa Criminal History Record Check Results</u>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	

Waiver Information:

Iowa law does ***not*** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, ***without*** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints, a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) ***only***. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a ***deferred judgment*** ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A ***deferred sentence*** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.