

APPLICATION FOR EMPLOYMENT
(Please Print Clearly)

Personal Information

Date: _____

Name _____
Last First Middle Initial

Address _____
Street City State Zip Code

Telephone _____ Social Security No. _____
Area Code Number

Cell number _____ Email Address _____

If under 18 years of age, do you have a work permit? Yes No

If not a U.S. citizen, do you have the right to remain permanently and work in the U.S.A.? Yes No

Alien Reg. No. _____

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

Employment Desired

Position applied for: _____

Shift you can work: Day Evening Either Hours desired: Full-time Part-time Temporary

How did you learn of this opening? _____

Did a current Maple Crest Campus employee refer you here. If so, who? _____

Date you can start: _____
Month Day Year

Have you ever applied to this company before? Yes No When _____

Have you ever worked for this company before? Yes No

When _____ Supervisor _____

Reason for leaving _____

Education

Highest grade completed (circle): 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4
Grade School High School College

Name and location of last school attended: _____

Vocational or trade training _____

Extracurricular activities while in school _____

Area of specialization or major interest _____

Professional organization membership, honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying:

V/Admin/Secretary

References:

List three people who know you well. Do not include relatives or former employers.

Name	Address/Email Address	Phone #	Years Acquainted with you

Former employers

List below your work experience, starting with your present or last place of employment.

Date employed	Name & Address of employer	Name of supervisor	Position(s) Held
from _____ to _____	_____ _____	_____ _____	start _____ finish _____
from _____ to _____	_____ _____	_____ _____	start _____ finish _____
from _____ to _____	_____ _____	_____ _____	start _____ finish _____
from _____ to _____	_____ _____	_____ _____	start _____ finish _____

May we contact your present employer at this time? Yes No

Employment Understanding (Please read and sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's signature

Date

V/Admin/Secretary

PLEASE LIST ALL NAMES THAT YOU HAVE USED: (such as maiden, marriages, alias, etc.)

EMPLOYMENT APPLICATION ADDENDUM

Name: _____

Professional License No. _____

Do you have knowledge, or have you ever 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)? If yes, please specify the date and reason. (Even if you were at one time on such list and have since been removed, please so indicate):

Have you ever had a professional license subject to suspension or revocation? If yes, please specify the date and the reason:

Have you ever voluntarily relinquished your professional license? If yes, please specify the date and reason:

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that the above answers given 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 any false or misleading information provided can 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

Date

FILL IN HIGHLIGHTED AREAS!



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuserregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry
 Dependent Adult Abuse Registry
 Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address
 Fax
 Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last	First	Agency Name	Telephone Number
		Maple Crest	(563) 425-3336

Address	Fax Number
100 Bolger Drive	(563) 425-3512

City	State	Zip Code	Email
Fayette	IA	52442	maplecrestmanor1@live.com

List the name and address of the person whose information is being requested:

Name (last, first, middle)	Birth Date	Social Security Number

Address	City	County	State	Zip Code

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information?

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor	Date

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date

Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date

Comments

V/Admin/Secretary

IOWA HEALTH FACILITY RECORD CHECK

CHAPTER 135C, CODE OF IOWA

ACCOUNT # 7383-C

COLONIAL MANORS OF FAYETTE, INC.

DBA MAPLE CREST MANOR

100 BOLGER DRIVE

FAYETTE, IA 52142-9762

Maple Crest Manor has chosen to electronically access criminal history and dependent adult abuse information with the Division of Criminal Investigations. In order to obtain this information, we will need a waiver signed by the applicant granting our agency permission to conduct record checks through the DCI. The following information is required to be submitted for the record check.

Last Name First Name Middle Name

Maiden Name

Date of Birth Sex Social Security Number

WAIVER: I HEREBY GIVE PERMISSION TO MAPLE CREST MANOR TO ELECTRONICALLY CONDUCT AN IOWA CRIMINAL HISTORY AND DEPENDENT ADULT ABUSE CHECK WITH THE DIVISION OF CRIMINAL INVESTIGATION.

Applicant Signature

Date