

# Application for Employment

Please print

Date of application \_\_\_\_\_ Position applying for \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ City / State / ZIP \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Cell telephone (\_\_\_\_\_) \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 16 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No (If less than age 16, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No)

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you, if hired, submit verification of your legal right to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

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 all applicable regulations. While you need not provide this proof of legal status at the time you are interviewed, you will be required to do so after hire.

On what date would you be available for work? \_\_\_\_\_ Expected salary: \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Occasional

What days? S M T W T F S What hours? \_\_\_\_\_ 7-3 \_\_\_\_\_ 3-11 \_\_\_\_\_ 11-7 \_\_\_\_\_ Other

Are you on a layoff and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ 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

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

School Name	Elementary					High School				College/University				Graduate/Professional			
Years Completed (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe 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	Telephone	Dates Employed		Work performed
	( )	From	To	
Address				
Job title		Hourly rate/Salary		
		Starting	Final	
Supervisor				
Reason for leaving				
Employer	Telephone	Dates Employed		Work performed
	( )	From	To	
Address				
Job title		Hourly rate/Salary		
		Starting	Final	
Supervisor				
Reason for leaving				

If additional space is needed, please continue on a separate sheet of paper.

State any additional information you feel may be helpful to us in considering your application.

**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. 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 the job may result in termination. I also understand that I may 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

\_\_\_\_\_  
Witness

**AN EQUAL OPPORTUNITY EMPLOYER**

This facility is an equal opportunity employer. Employment decisions are made without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability, status as a disabled Vietnam era veteran, or other category as specified by law.



# Prairie View

## CAMPUS

*"A Continuum of Care"*

### Reference Authorization

Name of Applicant: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Phone # of Reference: \_\_\_\_\_

Reference Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Contact Attempt Date: \_\_\_\_\_ Time: \_\_\_\_\_

3<sup>rd</sup> Contact Attempt Date: \_\_\_\_\_ Time: \_\_\_\_\_

Position held with your company \_\_\_\_\_

Employment dates \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Describe applicant's job knowledge and performance \_\_\_\_\_

Describe applicant's relationship with other employees/supervisors \_\_\_\_\_

Describe applicant's attendance and attitude while on the job \_\_\_\_\_

Describe applicant's communication skills and professionalism \_\_\_\_\_

Strengths and weaknesses \_\_\_\_\_

Would you hire/rehire if possible \_\_\_\_\_

If not, why? \_\_\_\_\_

Additional comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### -----AUTHORIZATION TO RELEASE INFORMATION-----

I authorize you to release Prairie View the above information relevant to my work performance.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

INDEPENDENT LIVING  
PRAIRIE VIEW MANOR  
1002 SUNRISE  
SANBORN, IA 51248  
712-930-5003  
FAX: 712-729-5152

ASSISTED LIVING  
PRAIRIE VIEW INN  
612 N. EASTERN ST.  
SANBORN, IA 51248  
712-930-3636  
FAX: 712-930-3637

NURSING HOME  
PRAIRIE VIEW HOME  
610 N. EASTERN ST.  
SANBORN, IA 51248  
712-930-3228  
FAX: 712-729-5152

SPECIAL CARE UNIT  
KUIPER VILLA  
610 N. EASTERN ST.  
SANBORN, IA 51248  
712-930-3228  
FAX: 712-729-5152