

What brought you to apply here at Prairie View?

- Newspaper
- Facebook
- Facility Website
- Friend
- Radio Ad
- Other _____

Applicant Name: _____ Position: _____ Date: _____

Do you hold any current licensure or registration? _____ Yes _____ No If yes, list: _____

Have you ever had any disciplinary action taken against your license, including as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property? _____ Yes _____ No If yes, please explain: _____

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 or below.

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.

ACCOUNT NUMBER: 7513-C

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

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515) 281-5138 (voice - days)
(515) 281-4776 (voice - nights)
(515) 242-6876 (fax)

FROM: Prairie View Home
610 Eastern Street
Sanborn IA 51248
Phone # 712-930-3228
Fax #: 712-729-5152

I am requesting an Iowa Criminal History/Dependent Adult Abuse Check on:

(TYPE/PRINT LEGIBLY)

REQUEST

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
/ /	Sex (mandatory)	Social Security Number (mandatory)
Date of Birth (mandatory)		

Signature of Requestor

(DCI Use Only)

RESULTS

As of _____, a Name and date of birth check revealed:
date

No CCH record found <input type="checkbox"/>	No record of founded Dependent Adult Abuse <input type="checkbox"/>
CCH record attached <input type="checkbox"/>	Potential DAAR "hit", send 2310 to DHS <input type="checkbox"/>

DCI initials _____

WAIVER

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

_____ Signature	_____ Date
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Facility: Prairie View Campus Today's Date: _____

New Employee or Change of Employee Information Worksheet

Legal Last Name: _____ Legal First Name: _____

Maiden Name: _____ Prof. License #/State: _____

Middle Initial: _____ EMP#: _____ SS#: _____ DOB: _____

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 so, when? _____

Please explain if you answered yes: _____

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

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

Please read carefully before signing: 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: _____

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: _____

2nd Contact Attempt Date: _____ Time: _____

3rd 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