

You may fill this form out and submit it online with the button at the bottom. It is suggested that you save or print a copy for your records as well.

West Ridge Care Center

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ Shift Available: 6am-2:30pm 2pm-10:30pm 10pm-6:30am

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____ Full Time: _____ Part Time: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____

Phone: (____) _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities: _____

From: _____

To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Company: _____

Phone: (____) _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities: _____

From: _____

To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Company: _____

Phone: (____) _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Salary: \$ _____

Ending Salary: \$ _____

Responsibilities: _____

From: _____

To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Military Service

Branch: _____

From: _____

To: _____

Rank at Discharge: _____

Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. If submitting online, type your full name in the signature line.

Signature: _____ Date: _____

EMPLOYEE WAIVER

I, the undersigned hereby give my permission for West Ridge Care Center of Cedar Rapids, Iowa to conduct a criminal history and dependent adult abuse check with the division of Criminal Investigation. I also give permission for West Ridge Care Center to conduct an OIG exclusion list check that is maintained by the Attorney General's office of the United States.

I further understand that my future employment with West Ridge is, in part dependent upon the results of this record check. (PLEASE PRINT CLEAR)

LEGAL LAST NAME _____ LEGAL FIRST NAME _____

MAIDEN NAME _____ MIDDLE NAME _____

STATE LICENSE # _____ SS# _____

DOB _____ PROFESSIONAL LICENSE TYPE _____

PROFESSIONAL LICENSE NUMBER _____ MALE _____ FEMALE _____

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.

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.

1. Have you ever been known by another legal last name? Y or N If yes list ALL other last names:

2. Do you go by a different first name other than your legal name? Y or N If yes list ALL other first names:

3. Previous Address, City, State _____

4. Do you have knowledge of being placed on the OIG Exclusion list? Y or N If yes when? And explained why you were on the list.

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 might 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 _____



INFORMATION REGARDING CHILD AND DEPENDENT ADULT ABUSE

I _____ am applying for a position with West Ridge Care Center.

I understand that, according to Iowa law, a record check can be made regarding any instance of child abuse or dependent adult abuse in which I have been involved.

I hold West Ridge Care Center free from any recourse as a result of this mandated record check.

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime, in this state or any other state?

NO _____

Yes _____

Signature of applicant

Date