



Employment Application

We are an Equal Opportunity Employer

Please print in ink. You must complete the entire application.

Date:

| Applicant Information | | | |
|---|------------------|---|------------------|
| Name (first, middle, last) | | Address (street, city, state, zip code) | |
| Day telephone () | | Social Security Number | |
| Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes. | | | |
| Are you legally authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, you will be required to provide proof of work authorization. | | | |
| Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work applying for and have obtained a valid work permit. | | | |
| Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: 1) nature of crime, 2) date of conviction and 3) state in which convicted. (Convictions are not an automatic bar to employment.) | | | |
| Do you have any <i>pending</i> criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the 1) nature of the charges, 2) date issued and 3) county and state where issued. | | | |
| Have you ever applied at the Iola Living Assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | | | |
| Have you ever worked at the Iola Living Assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | | | |
| Position applied for | PT or FT desired | Salary preference | Shift preference |
| When can you start? | | | |
| How were you referred to the Iola Living Assistance? <input type="checkbox"/> Friend/relative _____ <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Other _____ | | | |
| Special Skills | | | |
| 1. If relevant, please describe word processing speed, software knowledge, and office equipment experience: | | | |
| 2. If relevant, please describe experience using manufacturing machines and equipment. | | | |

| Education | | | | |
|--------------------|------------------------------------|----------------------|----------------|---|
| School | Name and Location (city, state) | No years attended | Major subjects | Diploma or degree received |
| High | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Type: |
| | | | | |
| Graduate | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Type: |
| | | | | |
| Other (specify) | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No Type: |
| | | | | |

| Training Courses | | | |
|--|----------------------------|---------|-------------------|
| List any relevant training programs completed. | | | |
| Course/Seminar | Organization sponsoring | Content | Dates attended |
| | | | |
| | | | |
| | | | |
| | | | |

| Required License(s) | | |
|---|--------------|-----------------|
| If required to drive a motor vehicle for the job applying for, state your: 1) driver's license number 2) state issued | | |
| Are you licensed with any group, association or society relating to the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Registration or license number | State issued | Expiration date |

cmt # C Forms

| Employment History (start with most recent; use separate sheet if necessary) | | |
|--|--------------|-----------------------------------|
| Name of Employer | | Telephone () |
| Address | | |
| Job title | | Employment dates (month and year) |
| Name of immediate supervisor | | From To |
| Description of duties | | |
| Salary — start | Salary — end | Reason for leaving |
| If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of employer | | Telephone () |
| Address | | |
| Job title | | Employment dates (month and year) |
| Name of immediate supervisor | | From To |
| Description of duties | | |
| Salary — start | Salary — end | Reason for leaving |
| Name of employer | | Telephone () |
| Address | | |
| Job title | | Employment dates (month and year) |
| Name of immediate supervisor | | From To |
| Description of duties | | |
| Salary — start | Salary — end | Reason for leaving |
| Name of employer | | Telephone () |
| Address | | |
| Job title | | Employment dates (month and year) |
| Name of immediate supervisor | | From To |
| Description of duties | | |
| Salary — start | Salary — end | Reason for leaving |

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the Iola Living Assistance, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the nursing home is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the nursing home's unless specifically provided otherwise in a written employment contract. I further understand that no nursing home employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the nursing home and then only by means of a signed written document.

Signed by Applicant _____ Date _____

Thank you for your interest in the Iola Living Assistance.

| FOR PERSONNEL DEPARTMENT USE ONLY | | | |
|--|--------------------------|------------------|------|
| Arrange interview <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Remarks _____ _____ | | | |
| Employed <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of employment | Interviewer | Date |
| _____ | | | |
| Job title _____ | Hourly rate/salary _____ | Department _____ | |

By (name and title) _____ Date _____

NOTES: _____

