

Application For Employment



807 5th Street Charles City, IA 50616

Applicants will be considered for employment, and employees are treated during employment, without regard to age, race, color, creed, sex, national origin, religion, medical condition, disability, marital or veteran status, or any other status protected by law. Cedar Health is an Equal Opportunity Employer.

Date of Application _____ Position Applying For: _____ Salary/Wage Expectations: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone: () _____ e-mail: _____ Social Security Number: _____ / _____ / _____

Are you at least 18 years old? Yes No If under 16 years of age, are you able to furnish a work permit? Yes No

- Can you, if offered a position, 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 Control Act of 1986. While you need not provide proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired).
- Have you ever been employed here before? Yes No If yes, give date(s) _____
- Are you currently working? Yes No If yes, may we contact your current employer? Yes No
- Are you on a lay-off from another job and subject to re-call? Yes No
- Available to work: Full Time Part Time Temporary On-call/As Needed Overtime Holidays
- Circle days available to work: **Su M T W Th F Sa**
- Check Shifts available to work: Days Evenings Nights
- Have you ever been convicted of a criminal offense (other than traffic violations and misdemeanors) ? Yes No
- If so, what was the date and nature of that conviction? _____
- Do you have a record of founded child or dependent adult abuse ? Yes No

EDUCATION

High School Attended: _____ Years Completed: **9 10 11 12** Diploma (or GED) Yes No
Jr. College/College/University: _____ Years Completed: **1 2 3 4** Degree(s) _____
Graduate/Professional: Yes No From: _____ Years Completed: **1 2 3 4** Degree(s) _____

CERTIFICATES AND/OR LICENSES / SPECIAL SKILLS

Please identify ay current certifications and/or licenses you possess (include cer/lic #). You may also include any special skills you have acquired from previous employment/experience that may be relevant to the position you are seeking.

PERSONAL REFERENCES

List 3 persons who know you well. Do NOT include relatives or former employers.

| Name | Address | Phone | Years Acquainted with you |
|------|---------|-------|---------------------------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY

List below your work experience, starting with your current or most recent employer.

| Date Employed From | Name of Employer | Address of Employer | Position Held |
|---------------------|------------------|---------------------|----------------|
| To | Phone Number | City / State | Work Performed |
| Reason for Leaving: | | | |

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|---------------------|------------------|---------------------|----------------|
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|---------------------|------------------|---------------------|----------------|
| To | Phone Number | City / State | Work Performed |
| Reason for Leaving: | | | |

APPLICANT'S STATEMENT

(Please read carefully before you sign)

The information given in this Application is true and complete to the best of my knowledge. Should I be employed by Cedar Health, any misrepresentation or false statement contained herein may be considered cause for immediate dismissal.

Should a qualified offer of employment be made to me, I understand that I may be required to pass a medical examination by a physician of the employer's choice, related to my ability to perform the essential duties of the position offered. Should I be employed by Cedar Health, I understand that I will be required to fulfill all essential functions of the job I am hired to perform with or without accommodation. Inability to do so may render me no longer qualified for the position, and may be considered cause for dismissal.

I understand that this application does not constitute an employment contract of any kind. Should I be employed by Cedar Health, I may resign such employment at any time for any reason, and the employer may terminate my employment at any time at their discretion with or without cause.

I acknowledge that I have been informed of the possibility of Cedar Health conducting a criminal or child/adult abuse record check on me as a condition of employment.

Cedar Health has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment or personal history, and I release all parties from possible damages resulting from disclosing such information with or without prior written notice to me. This signed statement or photocopy of same, constitutes a release to provide such information to Cedar Health.

Signature: _____

Date: _____