

## GREEN HILLS RETIREMENT COMMUNITY APPLICATION FOR EMPLOYMENT

If you need help filling out this application form or for any phase of the employment process, please notify the Human Resource Director of Green Hills Retirement Community and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete both sides of this form. If more space is needed to complete any question, use an extra sheet of paper. Print clearly and complete all sections as noted; illegible or incomplete applications will not be processed.

All qualified applicants will receive consideration without discrimination because of race, color, religion, creed, sex, age, disability, national origin, veteran status, or sexual orientation.

Last Name	First Name	Middle Name	Are you 18 years or older?
Street Address			Social Security Number
City	State	Zip	Phone Number
Position(s) you are applying for (Maximum of 2)			Are you legally eligible for employment in this country?
Date available to begin work	Starting hourly wage desired	Full-Time	Part-time
		Shift	1st    2nd    3rd
Have you applied for a position with us before?	If yes, please give date(s) and position(s) applied for.		
Names(s) of relatives employed by us		Relationship	Department/Position
Have you ever been employed by us?	Dates	Position(s)	
High School	Location	Diploma Received?	Major Subject
College	Location	Diploma Received?	Major Subject
Trade School	Location	Diploma Received?	Major Subject

List employment starting with your most recent job during the last 5 years, at minimum. Account for any time period that you were unemployed by stating the nature of your activities. Use a separate sheet of paper, if necessary.

Employer	From	To	Phone Number
Street Address	Position		Duties
City	State	Zip Code	Supervisor's Name
			Reason for leaving
Employer	From	To	Phone Number
Street Address	Position		Duties
City	State	Zip Code	Supervisor's Name
			Reason for leaving
Employer	From	To	Phone Number
Street Address	Position		Duties
City	State	Zip Code	Supervisor's Name
			Reason for leaving
May we contact your present employer?			

List any professional groups, trade groups, or other organizations you belong to that you consider relevant to your ability to perform the job(s) for which you are applying

List experience from your military service that would be relevant to the job(s) for which you are applying

**REFERENCES**

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Telephone	Relationship	Years Known
	( )		
	( )		
	( )		

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

Yes  No

If yes, please explain \_\_\_\_\_

Are you excluded from participation in Federal Health Care programs?

Yes  No

If yes, please explain \_\_\_\_\_

Answer these questions only if you have received a copy of the job description or had the requirements of the job thoroughly explained to you:

Yes  No Have you been given a job description or had the requirements of the job explained to you?

Yes  No Do you understand the requirements?

Yes  No Can you perform the requirements of this job with or without reasonable accommodations?

Yes  No If the job requires, do you have the appropriate valid driver's license?

Driver's License Number \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

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

**I UNDERSTAND:**

-that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

-that giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.

-that I may be required to complete a medical history form and may be required to be examined by a medical professional designated by Green Hills Retirement Community.

-that if I sustain any injury or illness in the employment of Green Hills Retirement Community, I agree that Green Hills shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners, and hospitals to give to Green Hills full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

- pursuant to Iowa's Smoke Free Air Act, the Company does not permit smoking in any of its workplaces or in any company-owned vehicles. An employee's failure to abide by this Company policy and State law may subject the employee to disciplinary action, up to and including discharge from employment.

**AUTHORIZATION TO RELEASE INFORMATION**

If I am considered for employment, I authorize Green Hills Retirement Community to make a complete investigation of me, including but not limited to: my past employment history, medical history, credit history, scholastic records, criminal records, abuse records, motor vehicle driving records, workers' compensation history and to rely on such information sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

I understand that the use of illegal drugs is prohibited during employment. If employment policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and/or during employment.

I understand that this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

**APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_