

Health Enterprises

5825 Dry Creek Lane NE, Cedar Rapids, IA 52402

AN INCOMPLETE APPLICATION MAY NOT BE CONSIDERED FOR EMPLOYMENT

Please understand that you are applying with a health care organization and that you may be required to work or be on call any day Monday through Sunday, any shift and any number of hours to meet the needs of the patients.

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Position applied for _____ Date _____
Name (First, Middle, Last) _____
Current Address _____ City _____ State _____ Zip _____
Address for past three years:
_____ How long? _____
_____ How long? _____
Email Address _____
Home Phone _____ Cell Phone _____

EMPLOYMENT INFORMATION

Are you under the age of 16? _____ Yes _____ No
Are you legally eligible for employment in this country? _____ Yes _____ No
(Proof of U.S. citizenship or immigration status will be required upon employment.)
How did you become aware of this position? _____
Have you ever been employed by Health Enterprises before? _____ Yes _____ No
If yes, give dates _____
Are any relatives or members of your household employed by Health Enterprises? _____ Yes _____ No
Have you ever been discharged from a job? _____ Yes _____ No If yes, describe in full. _____

Date you are available for work _____
Type of employment desired _____ Full-time _____ Part-time _____ PRN/On-Call _____ Temporary
Will you work overtime if required? _____
Will you travel if required? _____
Are you able to meet the attendance requirements of this position? _____ Yes _____ No
Are you now employed? _____ Yes _____ No
If no, how long since leaving your last employment? _____
Salary expected \$ _____

BACKGROUND INFORMATION

Since you are applying for a position with a healthcare company, background checks will be conducted post-offer/pre-employment. This means that any offer of employment is conditional upon meeting company and client standards following thorough background investigations.

EDUCATION

High school _____

Address _____

Did you graduate? ____Yes ____No

College _____

Address _____

Did you graduate? ____Yes ____No

Years attended from _____ to _____

Degree Received _____

College _____

Address _____

Did you graduate? ____Yes ____No

Years attended from _____ to _____

Degree Received _____

Other Training _____

List any professional licenses or certifications, date acquired and state(s) where valid.

Is your professional license, or has it ever been, under investigation, suspended, or revoked in this state or any other state? ____Yes ____No

If yes, describe in full. Failure to disclose may result in disqualification from employment. _____

Other skills applicable to the position _____

EMPLOYMENT HISTORY

Please provide accurate, complete information about your past four (4) employers and/or assignments, or employment history over the last 10 years, whichever is longer, listing the most recent first. Please include military duty.

Applicants wishing to drive in interstate commerce must provide information on all employers during the

preceding three years, and must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten years' employment record). Any gaps in employment must be explained.

Employer Name _____

Address _____ Phone _____

Dates employed from: _____ to: _____ Position Status _____

Position held _____

Primary duties _____

Supervisor Name _____ Phone _____

Reason for leaving _____

Employer Name _____

Address _____ Phone _____

Dates employed from: _____ to: _____ Position Status _____

Position held _____

Primary duties _____

Supervisor Name _____ Phone _____

Reason for leaving _____

Employer Name _____

Address _____ Phone _____

Dates employed from: _____ to: _____ Position Status _____

Position held _____

Primary duties _____

Supervisor Name _____ Phone _____

Reason for leaving _____

Employer Name _____

Address _____ Phone _____

Dates employed from: _____ to: _____ Position Status _____

Position held _____

Primary duties _____

Supervisor Name _____ Phone _____

Reason for leaving _____

REFERENCES

Please provide contact information about three (3) persons who are familiar with your qualifications for employment. Please do not list relatives or friends.

Name _____

Company _____

Position _____

Phone _____ Years known _____

Name _____

Company _____

Position _____

Phone _____ Years known _____

Name _____

Company _____

Position _____

Phone _____ Years known _____

NOTES

The space below is provided for you to enter any other information you would like us to have relative to your application.

SIGNATURE AND ATTESTATION

I attest that all the statements and information on my application are true and correct, and no attempt has been made to conceal or withhold pertinent information. Any falsification or misrepresentation is cause for termination in the event I am employed. I hereby authorize investigation of all the statements I have made herein. I authorize the companies or persons named to give information regarding my past employment, and I hereby release said companies or persons and Health Enterprises from all liability for any damage whatsoever for issuing or obtaining this information.

I understand that unless there is a written contractual agreement between Health Enterprises and me to the contrary, all employment at Health Enterprises is at-will. I understand that there is no guarantee of any continued future employment should I become an employee of Health Enterprises. I further understand that the Employee Handbook is for guidance purposes only and provides no promises or contract as to my employment. As an at-will employee, I understand that my employment may be terminated at any time for any reason without recourse by me.

I understand that Health Enterprises does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis by local, state or federal law.

I understand that Health Enterprises has a no smoking policy on its mobile units, that smoking is permitted only in designated areas, if any, at client locations, and that the Cedar Rapids office has a designated smoking area pursuant to the Iowa Smokefree Air Act.

I also understand that if I am applying for employment as a driver, any offer of employment would be a conditional offer, subject to meeting DOT driver requirements. These include, but are not limited to, certain physical requirements, successfully passing a drug-screening test and being subject to random drug and alcohol testing for the duration of my employment.

Regardless of the position applied for, I understand that any offer of employment is conditional upon my ability to perform the essential functions of the position, with or without accommodations, and that for some positions this will be determined by a medical exam. I further understand that successfully passing a drug-screening test is required for all positions. I also understand that my motor vehicle record and background checks, including, but not limited to, child and dependent adult abuse (as needed for a specific position) and criminal record checks (local, state, and national), will be reviewed, and that any offer of employment is conditional upon meeting company and insurance standards.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I also understand that Health Enterprises will provide the Social Security Administration (SSA) with information from my I-9 Form to confirm work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

Date

Printed Name of Applicant