

# Employment Application



4210 Hickman Road  
Des Moines, IA 50310  
jobs@calvincommunity.org

*It is Calvin Community's policy not to discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or because he or she is a protected veteran. It is also our policy to take affirmative action to employ and to advance in employment, all persons regardless of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or protected veteran status, and to base all employment decisions only on valid job requirements. This policy shall apply to all employment actions, including but not limited to recruitment, hiring, upgrading, promotion, transfer, demotion, layoff, recall, termination, rates of pay or other forms of compensation and selection for training at all levels of employment.*

*Applicants requiring reasonable accommodation to the application and/or interview process should notify the Employee Services department.*

<b>Your Legal Name: Last, First, M.I. Suffix (Jr., III, etc.)</b>	
<b>Other Name(s) Used:</b>	
<b>Address: Number and Street, City, State ZIP Code</b>	
<b>E-Mail Address:</b>	<b>Telephone:</b>
	<b>Best time to call?                      Text? <input type="checkbox"/> Yes / <input type="checkbox"/> No</b>
<b>Position Applied For:</b>	<b>Date of Application:</b>
<b><u>How did you hear about this position?</u></b>	<b><u>Type of Employment Desired:</u></b>
<input type="checkbox"/> Walk-In <input type="checkbox"/> CareerBuilder <input type="checkbox"/> Calvin Website <input type="checkbox"/> Other Website <b>Name:</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN <input type="checkbox"/> Internship
<input type="checkbox"/> Employee Referral <b>Name</b>  <input type="checkbox"/> Resident Referral <b>Name:</b>	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight <input type="checkbox"/> Weekends
<b>If you are under 18 years of age, can you provide a work permit? <input type="checkbox"/> Yes / <input type="checkbox"/> No. If no, please explain:</b>	
<b>Have you applied here before? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, when and for what position?</b>	
<b>Have you worked here before? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, provide dates and position(s):</b>	

Are you legally eligible to work in the United States?  Yes /  No

Do you now, or at any time in the future, require employment authorization sponsorship?  Yes /  No  
(We regret that Calvin Community is unable to provide employment authorization sponsorship.)

If requested, can you work overtime?  Yes /  No

When would you be available to start work?

Have you ever been bonded?  Yes /  No

Do you have a record of founded child or dependent adult abuse?  Yes /  No

Have you ever been convicted of a crime in this or any other state?  Yes /  No

Have you ever voluntarily surrendered your professional license or had it suspended or revoked?  
 Yes /  No

Do you have knowledge or have you ever been notified of being placed on the OIG Excluded Provider List, or Excluded Parties List Service ("EPLS"), maintained by the US General Services Administration ("GSA")?  
 Yes /  No

If you answered "Yes" to any of the above questions, provide dates and details:

***Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as the dates, seriousness and nature of the offense or violation, rehabilitation and position applied for will be taken into consideration.***

## EMPLOYMENT HISTORY

Provide the following information for all past and current employers, starting with the most recent. If necessary, add additional employers and/or explain any gaps in the "Additional Information" section below.

<b>Employer Name:</b>  <b>Address:</b>	<b><u>Dates Employed:</u></b> <b>From</b>  <b>To:</b>	<b><u>Ending Pay</u></b> <b>\$</b>  <b>per</b> <input type="checkbox"/> <b>Hour</b> / <input type="checkbox"/> <b>Year</b>
<b>Immediate Supervisor's Name and Title:</b>  <b>Supervisor E-Mail:</b>	<b>Telephone Number:</b>  <b>May we contact?</b> <input type="checkbox"/> <b>Yes</b> / <input type="checkbox"/> <b>No</b> <b>If "No", why not?</b>	
<b>Your Job Title:</b>  <b>Duties Performed and Responsibilities:</b>          <b>Reason for Leaving:</b>		

<b>Employer Name:</b>  <b>Address:</b>	<b><u>Dates Employed:</u></b> <b>From</b>  <b>To:</b>	<b><u>Ending Pay</u></b> <b>\$</b>  <b>per</b> <input type="checkbox"/> <b>Hour</b> / <input type="checkbox"/> <b>Year</b>
<b>Immediate Supervisor's Name and Title:</b>  <b>Supervisor E-Mail:</b>	<b>Telephone Number:</b>  <b>May we contact?</b> <input type="checkbox"/> <b>Yes</b> / <input type="checkbox"/> <b>No</b> <b>If "No", why not?</b>	
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<b>Your Job Title:</b>  <b>Duties Performed and Responsibilities:</b>          <b>Reason for Leaving:</b>		

**EDUCATION HISTORY**

List the last three (3) schools attended, beginning with the most recent.

School Name/Location (City and State)	# of Years Attended	Did you Graduate? (Y/N)	Degree Received	Major

**SPECIAL SKILLS/QUALIFICATIONS**

Summarize any special training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying:

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**PROFESSIONAL LICENSES**

Date Issued	License Number	Issuing Authority	Expiration Date

**REFERENCES**

*Please list three persons not related to you, who you have known for at least three (3) years and who can attest to your professional abilities and work experience.*

Full Name and Relationship	Telephone Number	E-Mail Address	Years Known

**ADDITIONAL INFORMATION**

*List any other information that you would like to have considered.*

By my signature below, I acknowledge, understand and agree with the following:

I certify that all information provided by me in order to apply for and secure employment with Calvin Community is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of this application or immediately discharge me from employment at Calvin Community at any time.

As required by law and due to the nature of our business, Calvin Community requires all employees to successfully complete criminal background and reference checks, license verification, a physical exam, tuberculosis screen and drug test prior to beginning work. I expressly authorize, without reservation, Calvin Community, their representative, employees or agents to contact and obtain information from all references (personal and professional), previous and current employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume or job interviews. I hereby waive any and all rights and claims I may have regarding Calvin Community, their representative, employees or agents for seeking, gathering and using such information in the employment process, as well as all other persons, corporations or organizations for furnishing such information about me.

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

I understand that the information provided in this application remains current for only thirty (30) days. If I have not heard from Calvin Community within that time and still wish to be considered for employment, it will be necessary to re-apply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Calvin Community reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that only the Chief Executive Officer of Calvin Community is authorized to make any assurances to the contrary and that no oral or written agreements contrary to the foregoing express language are valid unless in writing and signed by the Chief Executive Officer of Calvin Community.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that failure to do so will be cause for termination. I further understand that federal immigration laws require me to complete an I-9 form in this regard.

**DO NOT SIGN UNTIL YOU HAVE CAREFULLY READ THE APPLICANT STATEMENT ABOVE.**

*I certify that I have fully read, understand and accept all terms of the foregoing Applicant Statement.*

**Full Legal Name**

**Date**



**DISCLOSURE and AUTHORIZATION**

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as part of our procedure in processing and evaluating your application for employment, we will be obtaining and reviewing a consumer report or an investigative consumer (Background Check) report for employment purposes. This authorization may be used to obtain a consumer report at any time during my employment.

I, \_\_\_\_\_, hereby consent and authorize Inquirehire or its agents to prepare an investigative consumer report, including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources, such as neighbors, friends, associates, past employers and educational institutions in which case I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. Public records may be used in this report, such as civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h).

I am providing the following information for the preparation and proper verification of the consumer report.

Have you used another name such as maiden name or other married name? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list names and corresponding years. \_\_\_\_\_

Drivers License number: \_\_\_\_\_ State of issuance (DL): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List all past **counties** of residence **and** corresponding years: (i.e. Scott, IA 2004 – 2014)  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_  
County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_

Current Address, City, State, & Zip  
\_\_\_\_\_

For **Minnesota and Oklahoma and California**, check here if you would like a copy of the consumer report.

**New York Applicants or employees:** You have the right to inspect and receive a copy of any investigative consumer report requested by employer by contacting Inquirehire at 800-494-5922. By signing below you acknowledge receipt of Article 23-A of NY Correction Law.

**New York & Maine Applicants Only:** You have the right to inspect and receive a cop of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified below. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**Oregon Applicants Only:** - Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information and remedies available should you suspect or find that the Company has not maintained secured records is available upon request.





**Washington State Applicants or Employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**California Only:** \*Under CA law, employers are prohibited from obtaining a consumer credit report unless it meets one of the following exceptions.

(1) a position in the state Department of Justice, (2) a managerial position, as defined, (3) that of a sworn peace officer or other law enforcement position, (4) a position for which the information contained in the report is required by law to be disclosed or obtained, (5) a position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, (6) a position in which the person is or would be a named signatory on the employer’s bank or credit card account, or authorized to transfer money or enter into financial contracts on the employer’s behalf, (7) a position that involves access to confidential or proprietary information, as specified, or (8) a position that involves regular access to \$10,000 or more of cash.

I hereby acknowledge that I have read and understand this document and authorize the obtaining the consumer report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Print Full Name - Include Middle Name (please print legibly)

\_\_\_\_\_  
Parent/Guardian Signature if under 18

\_\_\_\_\_  
Date

Inquirehire  
320 LeClaire Street  
Davenport, IA 52801  
563-323-5922  
inbox@inquirehire.com  
Inquirehire Privacy Policy: <http://www.inquirehire.com/misc/privacy.php>

**IOWA HEALTH CARE FACILITY (135C) RECORD CHECK  
FORM C**

TO: Iowa Division of Criminal Investigation  
Bureau of Identification  
Wallace State Office Building  
Des Moines, Iowa 50319  
515-281-5138 voice-days  
515-281-4776 voice-evenings  
515-242-6876 fax

FROM: Calvin Community  
4210 Hickman Road  
Des Moines, Iowa 50310  
Phone: 515-277-6141  
Fax: 515-271-0933

**I am requesting an Iowa Criminal History/Dependent Adult Abuse check on:**

TYPE OR PRINT LEGIBLY

**REQUEST**

Last Name (Mandatory)	First Name (Mandatory)	Middle Name (Recommended)	Maiden Name & AKA (all names used) (Mandatory)
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Date of Birth (Mandatory)	Sex (Mandatory)	Social Security Number (Mandatory)	Nursing License # / CNA Reg. # (Mandatory)
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\_\_\_\_\_  
Signature – Calvin Community Requestor/Department Director

DCI Use Only

**RESULTS**

As of \_\_\_\_\_ a name and date of birth check revealed:

CCH record attached

No CCH record

DCI initials: \_\_\_\_\_

**WAIVER**

I hereby give permission for the above requesting official to conduct an Iowa Criminal History and Dependent Adult Abuse check with the Division of Criminal Investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date