



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 healthcare 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 _____
Email Address _____
Home Phone _____ Cell Phone _____
Preferred method of communication: _____ Email _____ Text _____ Phone Call

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? _____
Date you are available for work _____
Type of employment desired _____ Full-time _____ Part-time _____ PRN(as needed) _____ Temporary
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, most 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 (Skip section if Resume/CV is attached)

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 _____

Is your professional license, or has it ever been, under investigation, suspended, or revoked in this state or any other state? ____ Yes ____ No ____ N/A
If yes, describe in full. Failure to disclose may result in disqualification from employment. _____

Other skills applicable to the position _____

EMPLOYMENT HISTORY (Skip section if Resume/CV is attached)

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.

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 _____

Cell Phone _____ Years known _____
Email address _____

Name _____
Company _____
Position _____
Cell Phone _____ Years known _____
Email address _____

Name _____
Company _____
Position _____
Cell Phone _____ Years known _____
Email address _____

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. If employed, I agree to work the hours, days and shifts as scheduled.

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 and 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.

If I am applying for a remote position, I acknowledge that working from home is a privilege and any offer of employment would be a conditional offer, subject to satisfactorily passing the IT Department's connectivity requirements. Telecommuting is not a guaranteed condition of employment. I understand that all connectivity

and data requirements will be my responsibility including any costs associated with it.

Regardless of the position applied for, I understand that 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 pre-employment health assessment. I further understand that successfully passing a drug-screening test is required for all positions. I also understand that my motor vehicle driving record and background checks, including, but not limited to, references (which will be requested and conducted as part of the consideration process), license verification, child and dependent adult abuse (as needed for a specific position) and criminal record checks (local, state, and national), will be reviewed, and that 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

HRPriv\Forms\HE Application for Employment – as of 1-23