



712 West Main Street, Manchester, IA 52057

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
Dates attended from: _____ to: _____
Degree Received _____

College _____
Address _____
Did you graduate? ____ Yes ____ No
Dates 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 affirm that all information provided in my application is accurate and complete to the best of my knowledge. I have not knowingly withheld or misrepresented any relevant details. I understand that any false statements or omissions may result in disqualification from employment or termination if already employed.

I authorize Iowa Anesthesia, L.C. to verify the information I have provided, including contacting previous employers and references. I release all individuals and organizations from any liability for providing or obtaining such information.

I acknowledge that, unless otherwise stated in a written agreement, employment with Iowa Anesthesia, L.C. is at-will. This means either the company or I may terminate the employment relationship at any time, with or without cause or notice. I understand that the Employee Handbook is intended for guidance only and does not constitute a contract or guarantee of continued employment. If hired, I agree to work the hours, days, and shifts assigned to me.

I understand that Iowa Anesthesia, L.C. is an equal opportunity employer and does not unlawfully discriminate in its hiring practices. No question on this application is intended to be used for discriminatory purposes.

If applying for a remote position, I understand that telecommuting is a privilege, not a right. Any offer of employment is contingent upon meeting the IT Department's connectivity standards. I am responsible for ensuring my home setup meets these requirements, including any associated costs.

I understand that employment is contingent upon my ability to perform the essential functions of the job, with or without reasonable accommodations. Some positions may require a pre-employment health assessment. I also understand that passing a drug screening is mandatory for all roles. Additionally, my driving record and background—including references, license verification, and checks for criminal history and abuse records (if applicable)—will be reviewed, and employment is subject to meeting company and insurance standards.

If hired, I will be required to provide proof of identity and legal authorization to work. I understand that Iowa Anesthesia, L.C. will submit information from my I-9 Form to the Social Security Administration to verify my work eligibility.

I have read and fully understand the above statements and agree to the terms outlined.

Signature of Applicant

Date

Printed Name of Applicant

HRPriv\Forms\IA Application for Employment – as of 7-25