



Keokuk  *County*
HEALTH CENTER
Dedicating Our Lives to Yours

An Affiliate of University of Iowa Health Care

APPLICATION FOR EMPLOYMENT

641-622-2720 • 23019 Highway 149 • Sigourney, Iowa 52591

Keokuk County Health Center

23019 Highway 149
Sigourney, Iowa 52591
(641) 622-2720



EMPLOYMENT APPLICATION

Please read carefully: KCHC is committed to the policy that all persons have equal access to its employment, programs, and facilities without regard to race, color, religion, sex, national origin, age, or disability. It is the applicant's responsibility to request any special arrangements needed to facilitate the application process.

PLEASE PRINT

Full Name _____

Social Security Number _____

Date _____

Mailing Address _____

City/State/Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____

Email _____

Position Desired _____ Date Available _____

Full Time Part-Time Casual (PRN) Open

Will you accept another position? Yes No If so, what position(s)? _____

Work Availability Weekends On Call Holidays Rotating Shifts

Shift Availability Day Night Evening Open

Do you limit your earnings due to Social Security or other reasons? Yes No

If yes, please state what is the maximum amount you wish to earn? _____

If you are applying for the position of a nurse aide, are you listed on the national registry? Yes No

If licensed, registered, or certified, please provide the following information:

Your Number _____

Your Field _____

State _____

Expiration Date _____

A response of yes to any of the following questions does not necessarily bar you from employment. Each instance will be considered in relation to the position you are applying for.

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

Have you ever been convicted of a crime in this state or any other state, or is there a charge which is still pending? Yes No

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? Yes No

If yes, to any, please explain: _____

EDUCATION

If you attended school under another name, please state name: _____

High School

Location _____

Courses of Study _____

Diploma/Degree _____

Business/Trade School

Location _____

Courses of Study _____

Diploma/Degree _____

College/University

Location _____

Courses of Study _____

Diploma/Degree _____

Military

Location _____

Courses of Study _____

Diploma/Degree _____

Failure to provide accurate and complete information may result in any offer of employment from KCHC being withdrawn or the termination of your employment if the information is discovered to be inaccurate and/or incomplete after you have become an employee. Additional sheets for your complete employment history will be provided upon request. Do not omit any prior employment.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department or the administration.

If your availability status changes, it is your responsibility to notify your department head or the administrator. Such changes will be effective, then, for any future employment.

I certify that the information included in this application is correct and I understand that falsification, misrepresentation, misstatement or omissions of any information in this application, are grounds for refusal to hire or if I have been hired, ground for termination. I authorize investigation of all matters contained in this application. I understand and agree that if, in the judgement of KCHC, the results of the investigation are not satisfactory, any offer of employment made by KCHC may be withdrawn or my employment with the Keokuk County Health Center may be terminated. I authorize the references listed in this application, including personal and employment references and all prior employers, to provide you with all the information pertinent to this application. I release all parties from liability for damages, which may result from the release of any information as part of the employment verification process.

I understand that an offer of employment is contingent upon my passing my health exam within two weeks of my hire. The examination may include a demonstration of my ability to perform the essential functions of the job. If the examination discloses conditions that prevent me from safely and successfully performing the essential functions of the job, or if such accommodations impose undue hardship for KCHC, the offer of employment will be withdrawn.

I further acknowledge that I understand that KCHC has a policy of employment at will and if I am hired by the Keokuk County Health Center my employment may be terminated either by myself or the Keokuk County Health Center at any time without cause.

I understand that employment is contingent upon successful completion of and maintaining any job required licensure, certification, or registration exam, if applicable and not already completed.

I acknowledge that I have been advised that this application will remain active for 1 year from this date.

Statement: If employed, I will be required to complete an Employment Verification (I-9), and within 3 days show satisfactory evidence of identity and eligibility for employment.

Signature _____

Date _____

EMPLOYMENT HISTORY

11232012

Employer _____
Address _____
Phone Number (_____) _____ May we contact this employer? Yes No
Job Title _____
Date of Employment _____ Full Time Part Time
Starting Salary _____ Last Salary _____
Reason for Leaving _____
Responsibilities _____

Employer _____
Address _____
Phone Number (_____) _____ May we contact this employer? Yes No
Job Title _____
Date of Employment _____ Full Time Part Time
Starting Salary _____ Last Salary _____
Reason for Leaving _____
Responsibilities _____

Employer _____
Address _____
Phone Number (_____) _____ May we contact this employer? Yes No
Job Title _____
Date of Employment _____ Full Time Part Time
Starting Salary _____ Last Salary _____
Reason for Leaving _____
Responsibilities _____

The following must be complete before employee may begin employment with KCHC.

- Criminal background check Date Complete _____ Abuse check Date Complete _____
- Any finding investigated Date Complete _____ Tuberculosis test Date Complete _____
- Obtained any licensures Date Complete _____

The Director of Administrative Services and Department Supervisor acknowledges that all the proper documentation has been obtained and/or completed and employee is eligible to start employment.

Director of Administrative Services _____ Date _____
Department Supervisor _____ Date _____