



217 Main St.
Coon Rapids, Iowa 50058
Phone: (712) 999-2253
Fax: (712) 999-5669

Dear Applicant,

Thank you so much for showing an interest in becoming an employee of Thomas Rest Haven. The facility is always looking for qualified and dedicated individuals who want to provide care in a senior living environment.

Attached you will find two documents:

1. Application for Employment

Please fill this application out completely. If you need further space on the back to list previous employment, please attach another sheet of paper with that information.

How did you come to know of an opening at Thomas Rest Haven? _____

Did a current employee of Thomas Rest Haven refer you to this position? _____

If yes by whom? _____

2. Authorization to Release Information

This form allows us to check with your former employers regarding a reference. We are required by federal and state regulations to have at least one reference on all employees. Please leave the "TO:" section blank as well as the blank in the paragraph. We will complete these when we send for a reference.

Once we receive your completed application, it will be forwarded to the appropriate department supervisor. If there are openings, a facility representative will contact you regarding an interview.

If the facility decides to offer you a position, we are required by law to do a criminal background and dependent adult abuse check on all potential employees. An "Iowa Criminal History/Dependent Adult Abuse Check" form must be completed. If your criminal background or dependent adult abuse check indicates you have a conviction, we will not be able to hire you without permission from the Iowa Department of Human Services. Please make sure you list any or all names you have had on this form. The offer of employment will be conditional depending on the outcome of your criminal and dependent adult abuse checks and completion of a physical and TB test clearing you for work in the facility.

If you need assistance to complete your application, please do not hesitate to call us at 712-999-2253.

Sincerely,

Michael Ewalt
Administrator

Thomas Rest Haven does not and shall not discriminate on the basis of race, color, religion, creed, gender, gender expression, age, national origin, disability, mental status, age, veterans' status, gender identity or gender expression, sexual orientation or military status, in any of its' activities or operations.



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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the release of any and all information or documents maintained by Thomas Rest Haven and any of its employees or agents, which may be pertinent to any request of information of perspective employers. I specifically authorize that this Release of Information will include all documents or information relating to my past and present work, character, education, or references, including information covered by the Privacy Act of 1974.

I hereby release all persons, firms, agencies, companies, or other entities from any liability or damages which may result from furnishing the requested information.

This authorization is valid for six months from the date of my signaure below. A copy of the release has the same force as the original. You may retain a copy of the release forwarded to you for your files.

Thank you for your assistance.

Print Name

Sign Name

Date

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IOWA CRIMINAL HISTORY/DEPENDENT ADULT ABUSE CHECK

I hereby give permission to Thomas Rest Haven to conduct an Iowa criminal history and dependent adult abuse record check with the Iowa Division of Criminal Investigation and the Iowa Department of Human Services.

****Do not fill in your date of birth at this time.****

Last Name: _____

Maiden Name: _____

Other Last Names: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Social Security Number: _____

Professional License Number: _____

Have you resided or worked outside of the state of Iowa as a licensed or certified health care worker? Yes No

If so, which states? _____

Signature

Date

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Have you ever had any disciplinary action taken against your license, including as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property? Yes No If yes, please explain:

Educational honors; extra-curricular activities; professional societies or other information that you believe is related to your ability to perform the position for which you are applying and your application for employment:

Special skills and qualifications, including those acquired from employment or other experience:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment.

Employer	Telephone	Dates Employed		Work performed
		From	To	
Address				
Job title		Hourly rate/Salary		
		Starting	Final	
Supervisor				
Reason for leaving				
Employer	Telephone	Dates Employed		Work performed
		From	To	
Address				
Job title		Hourly rate/Salary		
		Starting	Final	
Supervisor				
Reason for leaving				

If additional space is needed, please continue a blank space on the back of the application is available.

State any additional information you feel may be helpful to us in considering your application.

Please list 2 work references or 3 personal references with contact information.

1) _____

3) _____

2) _____

4) _____

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this Application. The facility is required by law to check for any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application I state that I have received a copy of the Job Description for all jobs for which I have applied. I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may result in termination. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment and that a health screening for diseases, such as TB, is required.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant

Witness

AN EQUAL OPPORTUNITY EMPLOYER

This facility is an equal opportunity employer. Employment decisions are made without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability, status as a disabled Vietnam era veteran, or other category as specified by law.