Application for Employment

Please print

Date of application _____ Position applying for _____

Name _____
(Last) (First) (Middle)

Address _____ City / State / ZIP _____

Home telephone (_____)_____ Cell telephone (_____)_____

Please provide all names that you have used the past including maiden names, married names and/or aliases:_____
_____

Are you at least 18 years of age? _____ Yes _____ No
Are you at least 16 years of age? _____ Yes _____ No (If less than age 16, can you furnish a work permit? _____ Yes _____ No)

Have you ever been employed here before? _____ Yes _____ No If yes, give date _____

Are you employed now? _____ Yes _____ No May we contact your present employer? _____ Yes _____ No

Can you, if hired, submit verification of your legal right to work in the U.S.? _____ Yes _____ No
If hired, you will be required to submit documents sufficient to establish employment authorization and identity compliance with the Immigration Reform and Control Act of 1986 and all applicable regulations. While you need not provide this proof of legal status at the time you are interviewed, you will be required to do so after hire.

On what date would you be available for work? _____ Expected salary: _____

Are you available to work: _____ Full Time _____ Part Time _____ Occasional

What days? S M T W T F S What hours? _____ 7-3 _____ 3-11 _____ 11-7 _____ Other

Are you on a layoff and subject to recall? _____ Yes _____ No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions, in this state or any other state? _____ Yes _____ No

If so, explain: _____
_____

Are there currently any criminal charges pending involving you, or are you under investigation for child or dependent adult abuse?
_____ Yes _____ No

If so, explain: _____
_____

Have you ever been or are you currently excluded or debarred from participation in any Federal or State health care program, including Medicare or Medicaid? _____ Yes _____No

If yes, explain: _____

Have you ever had a professional license (including nursing, administrator, physician, therapy, social worker, dietician) that was revoked, suspended or voluntarily relinquished? _____ Yes ____ No.

If yes, explain:_____

EDUCATION

School Name	Elementary						High School				College/University				Graduate/Professional			
Years Completed (circle)	4	5	6	7	8		9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																		
Describe Course of Study:																		



Clearview Homes

Iowa's Finest Licensed Nursing Homes

By signing this release, I give Clearview Homes permission to obtain information regarding my possible employment at Clearview Homes. I authorize release of information from any past employer or reference I have named on my application.

This release clearly indicates that the applicant grants permission to conduct State Criminal History record checks through the DCI and Adult Abuse checks through DHS.

_____

Signature

_____

Date

Clearview Home
406 W. Washington
Mount Ayr, IA 50854
(641) 464-2240
(641) 464-2230 FAX

Joe Routh, Administrator

Clearview Home
202 N. Jefferson
Clearfield, IA 50840
(641) 336-2333
(641) 336-2231 FAX

IOWA | Health and Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law.

Abuse Registry being requested: ☐ Child Abuse ☐ Dependent Adult Abuse ☐ Both

Please specify your preferred **method of response**: ☐ Address ☐ Fax ☐ Email

Section 1: To be completed by the person or agency requesting the information.

Last Name	First Name	Agency Name	Telephone Number
Routh	Matthew	Clearview Home & Estates	641-464-2240
Address: 406 W Washington St			Fax Number: 641-464-2230
City: Mount Ayr	State: IA	Zip Code: 50854	Email: mrouth@clearviewhome.net

What is the purpose of your request for child or dependent adult abuse information?
Employment

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requester	Date

Section 2: To be completed by person authorizing HHS to release their abuse information.

Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code

List maiden name, previous married names, and any alias:

I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 2 of this form is correct.

Signature of Person Authorizing Release	Date

Section 3: To be completed by the Central Abuse Registry or designee.

Signature of Registry Staff or Designee	Date

Iowa Division of Criminal Investigation
Criminal History Record Check Request Form

DCI Account number (if applicable): 7319

REQUESTOR INFORMATION

Name (business or individual)	Mailing address (street/PO Box, city, state, zip code)
Clearview Home & Estates	406 W. Washington St, Mount Ayr, IA 50854

Phone number	Fax number	Email address
641-464-2240	641-464-2230	mrouth@clearviewhome.net

I would like the results sent to me by: ◯ Mail ⊗ Fax ◯ Email

I am required to have the results notarized: ◯ Yes ⊗ No *for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION. Multiple names require a separate Request Form and fee.

LAST NAME (required)	FIRST NAME (required)	MIDDLE NAME (recommended)

DATE OF BIRTH (required)	GENDER M, F or Other (required)	SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

***RELEASE AUTHORIZATION:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.*

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of _____ **a search of the information provided revealed:**

◯ **NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI**

◯ **AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#** _____

Processed by _____

By completing these forms online, your request will be automatically sent to DCI for processing after clicking "Submit".

PLEASE NOTE: When submitting a request online - do not submit the same request by mail, fax or email. If so, it will be treated as a new request requiring payment.

Facility: _____ Today's Date: _____

New Employee or Change of Employee Information Worksheet

Legal Last Name: _____ Legal First Name: _____

Maiden Name: _____ Prof. License #/State: _____

Middle Initial: _____ EMP#: _____ SS#: _____ DOB: _____

Current Street Address: _____

Current City: _____ Current State: _____ Current Zip: _____

Pursuant to federal law, health care providers are prohibited from employing individuals who have been placed on the OIG Exclusion List maintined by the Attorney General's Office of the United States or the EPLS List. Employers have a continued obligation to periodically check whether employees have been placed on these lists and must maintain current information regarding the identification of their employees.

Have you ever been known by another legal last name? Y N If so, list all other legal last names:

_____

Do you go by a different first name, other than your legal name? Y N If so, list all other legal first names: _____

Previous Address, City, State: _____

Do you have knowledge of being placed on the OIG Exclusion List? Y N If so, when? _____

Please explain if you answered yes: _____

_____

_____

Have you ever had a professional license subject to suspension or revocation? Please explain: _____

_____

Have you ever voluntarily relinquished your professional license? Please explain: _____

_____

Please read carefully before signing: I certify that the above information provided is true and complete to the best of my knowledge. I understand that the Facility may investigate all statements made in this document and that any false or misleading information I have provided can result in a decision to immediately discharge or lead to civil or criminal penalties as appropriate.

Signature: _____ Date: _____