



The New Homestead & Homestead Acres
Where Caring is the Heart of Our Home!

2306 State St
Guthrie Center, IA 50115
PH 641-332-2204 Fax: 641-332-2982

The New Homestead and Homestead Acres is committed to the policy that all persons will have equal access to its employment opportunities, programs, and facilities without regard to race, color, religion, sex, national origin, age, or disability. The New Homestead and Homestead Acres is an Equal Employment Opportunity Employer.

Personal Information

Date of Application Social Security Number

Name
Last First Middle

Present Address
Street Address City State Zip Code

Permanent Address
If Different Street Address City State Zip Code

Telephone
Home Work Cell

Email Address

If you cannot be reached at the above numbers, where may we contact you?

Name of Person Telephone

Are you 16 years of age or older? Yes No

Have you ever been employed at The New Homestead and Homestead Acres? Yes No

Are there any other names under which your employment or educational records, references, and other information in the application may be verified? If so, List:

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state?

No Yes (Explain)

Employment Desired

Position or Type of Work:

Status:

Full-time

Part-time

Relief (scheduled)

PRN Relief

Shift:

Day

Evening

Night

Date Available:

Are you available to work weekends? Yes NN

Are you employed now? Yes No

Education

High School

Name:

Location:

Course of Study:

Diploma/ Degree:

Business or Trade School

Name:

Location:

Course of Study:

Diploma/ Degree:

College or University

Name: Location:
Course of Study: Diploma/ Degree:

Graduate or Professional

Name: Location:
Course of Study: Diploma/ Degree:

List those extracurricular activities which you believe are related to the position for which you are applying. Include honors received, volunteer or community service and membership to professional organizations. (Exclude any information that may suggest race, religious, creed, sex, marital status, age, color, national origin, or physical handicap.)

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

Your number: State Issued:
Type/Field: Expiration Date:

Notice:

An individual who receives a conditional offer of employment with The New Homestead and Homestead Acres must provide the following information *before he or she may be hired or begin work*:

1. Completed physical form;
2. Verification of TB Test and results; and
3. Verification of measles, mumps, and rubella immunizations status.

Employment

Failure to provide accurate and complete information may result in any offer of employment from The New Homestead and Homestead Acres 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. Please list your job history for the **Past Ten Years** or the **Last Three Employers**. Include military service. List last or present position first.

From: (Month) / (Year) To: (Month) / (Year) Full-Time Part-time

Employer:

Address:

Phone Number: Job Title:

Specific Responsibilities:

Reason for Leaving:

Starting Salary: Last Salary: Supervisor:

May we contact this employer? Yes No

From: (Month) / (Year) To: (Month) / (Year) Full-Time Part-time

Employer:

Address:

Phone Number: Job Title:

Specific Responsibilities:

Reason for Leaving:

Starting Salary: Last Salary: Supervisor:

May we contact this employer? Yes No

From: (Month) / (Year) To: (Month) / (Year) Full-Time Part-time

Employer:

Address:

Phone Number: Job Title:

Specific Responsibilities:

Reason for Leaving:

Starting Salary: Last Salary: Supervisor:

May we contact this employer? Yes No

Personal References

Please provide personal references who are not related to you.

Name Phone # Relationship

Address Email

Name Phone # Relationship

Address Email

Name Phone # Relationship

Address Email

Applicant Certification

1 I certify that the information provided in this application is true and accurate and I understand and agree that the falsification, misrepresentation or omission of any information in this application are grounds for withdrawal of a job offer or if I have been hired, grounds for termination.

2 I authorize release of employment, salary, education, and other related records to The New Homestead and Homestead Acres (TNH&HA) for the purpose of checking my references and verifying my employment and educational history. I understand and agree that if, in the judgment of TNH&HA, the results of the investigation are not satisfactory, any offer of employment made by TNH&HA may be withdrawn or my employment with TNH&HA may be terminated. I release all parties from liability for any damages which may result from the release of any information as a part of the employment verification process.

3 I understand TNH&HA may obtain a criminal, child and dependent adult abuse record check on applicants before employment.

4 I acknowledge that I understand TNH&HA has a policy of employment at will and if I am hired, my employment can be terminated with or without cause and with or without notice at any time at the option of either TNH&HA or myself.

5 **All successful applicants must pass a physical examination prior to beginning employment of TNH&HA.** I understand that an offer of employment is contingent upon my passing the medical examination before starting work. 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, TNH&HA will attempt to make accommodations that will enable me to work. If no reasonable accommodations can be found, or if such accommodations impose undue hardship on TNH&HA, the offer of employment will be withdrawn.

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

7 In consideration of 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 changes as directed by my department manager or administrator. If hired, I further agree to conform to all policies, rules and regulations, of TNH&HA and understand that the terms, conditions, compensation, benefits, hours, schedule and duration of my employment (whether set forth in the employment handbook or not), may be determined, changed or modified from time to time at the will of TNH&HA without limitation or agreement.

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

SUBMITTING THIS FORM IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE TERMS AND CONDITIONS, AND I ACKNOWLEDGE THAT MY SIGNATURE WILL BE REQUIRED ON THE PRINTED FORM DURING THE INTERVIEW PROCESS.

SUBMIT