



Employment Application

4210 Hickman Road Des Moines, IA 50310

hr@calvincommunity.org

It is Calvin Community's policy not to discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or because he or she is a protected veteran. It is also our policy to take affirmative action to employ and to advance in employment, all persons regardless of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or protected veteran status, and to base all employment decisions only on valid job requirements. This policy shall apply to all employment actions, including but not limited to recruitment, hiring, upgrading, promotion, transfer, demotion, layoff, recall, termination, rates of pay or other forms of compensation and selection for training at all levels of employment. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Employee Services department.

Date of Application		Position Applying For	
Your Legal Name: Last, First, M.I. Suffix (Jr., III, etc.)			
Address (Number, Street, City, State and ZIP Code)			
Phone _____		Email Address	
Best Time to Call _____		Employee/Resident Referral <i>(leave blank if none)</i>	
May we text? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Employment Desired		Type of Shift Desired	
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Days	
<input type="checkbox"/> Part-Time		<input type="checkbox"/> Evenings	
<input type="checkbox"/> PRN		<input type="checkbox"/> Overnight	
<input type="checkbox"/> Internship		<input type="checkbox"/> Weekends	
How did you hear about us?			
<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Indeed			
<input type="checkbox"/> Calvin Website			
<input type="checkbox"/> Other: _____			
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide dates and positions: _____			

If you are under 18 years of age, can you provide a work permit? Yes No

If no, please explain: _____

• Are you legally eligible to work in the United States? Yes No

• Will you, now or ever, require employment authorization sponsorship? Yes No
(We regret that Calvin Community is unable to provide employment authorization sponsorship.)

• If requested, can you work overtime? Yes No

• When would you be available to begin work? _____

• Have you ever been bonded? Yes No

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

• Have you ever been convicted of a crime in this or any other state? Yes No

• Have you ever voluntarily surrendered your professional license or had it suspended or revoked? Yes No

• Do you have knowledge or have you ever been notified of being placed on the OIG Excluded Provider List, or Excluded Parties List Service ("EPLS"), maintained by the US General Services Administration ("GSA")? Yes No

If you answered "Yes" to any of the above questions, provide dates and details:

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as the dates, seriousness and nature of the offense or violation, rehabilitation and position applied for will be taken into consideration.

Education History

List the last three (3) schools attended, beginning with the most recent.

School Name & Location (City/State)	# of Years Attended	Did you Graduate?	Degree	Major

Employment History

Provide the following information for all past and current employers, starting with the most recent. If necessary, add additional employers and/or explain any gaps in the "Additional Information" section below.

Employer Name and Address		
Job Title	Ending Pay _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Dates Employed From _____ To _____
Immediate Supervisor Name/Title	Supervisor Email	Supervisor Phone
May we contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving _____	
If no, why not? _____ _____	Job Duties _____ _____	

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May we contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving _____	
If no, why not? _____ _____	Job Duties _____ _____	

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Immediate Supervisor Name/Title	Supervisor Email	Supervisor Phone
May we contact Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving _____	
If no, why not? _____ _____	Job Duties _____ _____	

Professional Licenses

Date Issued	License Number	Issuing Authority	Expiration Date

References

Please list three persons *not related to you*, who you have known for at least three (3) years and who can attest to your professional abilities and work experience.

Full Name & Relationship	Phone Number	Email	Years Known

By my signature below, I acknowledge, understand and agree with the following:

I certify that all information provided by me in order to apply for and secure employment with Calvin Community is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of this application or immediately discharge me from employment at Calvin Community at any time.

As required by law and due to the nature of our business, Calvin Community requires all employees to successfully complete criminal background and reference checks, license verification, a physical exam, tuberculosis screen and drug test prior to beginning work. I expressly authorize, without reservation, Calvin Community, their representative, employees or agents to contact and obtain information from all references (personal and professional), previous and current employers, public agencies, licensing authorities and educational institutions, and to otherwise verify the accuracy of all information provided by me in this application, resume or job interviews. I hereby waive any and all rights and claims I may have regarding Calvin Community, their representative, employees or agents for seeking, gathering and using such information in the employment process, as well as all other persons, corporations or organizations for furnishing such information about me.

I understand that Calvin Community does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that the information provided in this application remains current for only thirty (30) days. If I have not heard from Calvin Community within that time and still wish to be considered for employment, it will be necessary to re-apply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Calvin Community reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that only the Chief Executive Officer of Calvin Community is authorized to make any assurances to the contrary and that no oral or written agreements contrary to the foregoing express language are valid unless in writing and signed by the Chief Executive Officer of Calvin Community.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that failure to do so will be cause for termination. I further understand that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE CAREFULLY READ THE APPLICANT STATEMENT ABOVE.

I certify that I have fully read, understand and accept all terms of the foregoing Applicant Statement.

Full Legal Name

Date

DISCLOSURE REGARDING
BACKGROUND INVESTIGATION ON YOU

Calvin Community may obtain “consumer reports” about you from a consumer reporting agency for employment purposes. A “consumer report” is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Signature: _____

Dated: _____

COVID-19 CMS REGULATORY REQUIREMENTS

To comply with the federal CMS issued Omnibus COVID-19 mandate, Health Care Workers are required to be vaccinated in accordance with CMS regulatory requirements. All Health Care Workers must obtain required vaccinations or obtain an exemption prior to the first day worked at Calvin Community. To comply with this regulations, Calvin Community may obtain vaccination status through Iowa’s Immunization Registry Information System (IRIS).

Signature: _____

Dated: _____

ADDITIONAL NOTICE REGARDING
INVESTIGATIVE CONSUMER REPORTS ON YOU

Calvin Community may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is Inquirehire, 320 LeClaire Street, Davenport, IA 52801, (800) 494-5922. The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the most common form of “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, Inquirehire may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

Note: You have the right to request disclosure of the exact nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.

End of Document

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize Calvin Community to obtain “consumer reports” and “investigative consumer reports” about me for employment purposes at any time during the hiring process and throughout my employment, if applicable.

Signature: _____

Date: _____

Email address: _____

Print Full Name - Include Middle Name (please print legibly)

Parent/Guardian Signature if under 18

Date

PERSONAL INFORMATION NEEDED FOR A BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Full Name (First, Middle, Last): _____

Social Security Number: _____

Date of Birth: _____

Driver License No.: _____

State Issued: _____

Full Current Address

Date (To/From)

Additional Previous Address Within the Last 7 Years

Date (To/From)

Additional Previous Address Within the Last 7 Years

Date (To/From)

**Iowa Health Care Facility (135C) Record Check
Form C**

ACCOUNT NUMBER 7311-C

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 (fax)

FROM: Calvin Community
4210 Hickman Rd
Des Moines, Iowa 50310
(515) 277-6141
(515) 271-0933 (fax)

I am requesting an Iowa Criminal History Check on:

(Type/Print Legibly)		
Request		
Last Name	First Name	Middle Name
Date of Birth <i>(mandatory)</i>	Sex <i>(mandatory)</i>	Social Security Number <i>(mandatory)</i>

Signature of Requester

There is a separate Form "C" required for each last name submitted.

Waiver

(DCI Use)	
Results	
As of _____, a Name and date of birth check	
<input type="checkbox"/> CCH Record Attached	<input type="checkbox"/> No CCH Record
DCI Initials _____	

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation.

_____ Signature	_____ Date
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Parent/Guardian Signature if under 18

Date