

**Bethany Life Communities**  
**Application for Employment**

Date: \_\_\_\_\_

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources or Business Office staff.

Applying to work at:  Bethany Manor  Cedar Place  Timberland Village

<b>PERSONAL INQUIRY</b>			
Name of Applicant (First, middle, and last name)			
Street Address	City	State	Zip Code
Telephone (home)	Telephone (cell)		
Social Security Number	Email Address		
Position for which you are applying:		Have you applied here before? When?	
Have you ever been employed by Bethany Life Communities before? If so, when? What was your name (if different)?			
Date available to begin work if job is offered:		What is your desired salary range? \$            to \$            per hour	
What type of employment are you interested in? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> P.R.N.		What work schedule? <input type="checkbox"/> Day <input type="checkbox"/> PM/Evening <input type="checkbox"/> Night	
Give name of current employee if they referred you		Are you able to meet the attendance requirements of the position? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you have a record of founded child or dependent adult abuse? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you legally eligible for employment in this country? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you been convicted of a crime in this or any other states? <input type="checkbox"/> yes <input type="checkbox"/> no			
If you have been convicted of a crime, please explain:			
Are you excluded from participation in the Medicare, Medicaid, or any other Federal health care program? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:			
LICENSES & CERTIFICATES – List all license and certificates you hold that apply to the health care work environment and/or the job you are applying for:			
License Type		License #	
Date Issued	Date Expires		
License Type	License #		
Date Issued	Date Expires		
How did you find out about this opening?	<input type="checkbox"/> newspaper <input type="checkbox"/> internet <input type="checkbox"/> walk-in <input type="checkbox"/> employee referral <input type="checkbox"/> other _____		

NOTICE TO APPLICANTS & EMPLOYEES: Screening tests for illegal drug use may be required before hiring and during your employment at Bethany Life Communities.



## Acknowledgment -

I, the undersigned applicant, declare the information I have provided in this application is accurate and complete.

I also understand that should Bethany Manor, Inc. (d/b/a Bethany Life Communities), employ me and the information I provided on this application be found inaccurate, incomplete, or untrue, my employment will be terminated.

I hereby authorized the references (personal and professional) to furnish Bethany Manor, Inc. (d/b/a Bethany Life Communities), with any information they may have concerning me which they have on record or otherwise, and do hereby release those same references (individuals, corporations, organizations) connected therewith, including Bethany Manor, Inc. (Bethany Life Communities), from all liability for any damage whatsoever incurred in furnishing such information.

I also understand that if I am offered employment with Bethany Manor, Inc. (d/b/a Bethany Life Communities), and accept that employment that I am free to resign at any time, with or without cause, with or without prior notice. I also understand that Bethany Manor, Inc. (d/b/a Bethany Life Communities), is also free to terminate my employment at any time, with or without cause, with or without prior notice. This application does not constitute a contract of employment with Bethany Manor, Inc. (d/b/a Bethany Life Communities). I also understand that no representative of the employer is authorized to make any assurances to the contrary and that no implied (oral or written) agreements contrary to the foregoing are valid unless they are in writing and signed by the employer's CEO/Administrator.

I also understand that if I am hired, I will be provided to provide proof of legal eligibility for employment in the United States relating to the I-9 form. Additionally, I will be responsible for providing documentation of a physical examination, a Mantoux (TB) or chest x-ray that establishes my physical eligibility for employment prior to beginning as described by the Iowa Code relating to nursing homes.

I also understand that Bethany Manor, Inc. (d/b/a Bethany Life Communities), requires all employees hired after November 1, 1997, to use direct deposit for their payroll. If hired, I will provide the necessary empowering documents to authorize direct deposit to my account(s). I understand that this is a condition of my employment.

***\*Do not sign until you have read the above acknowledgment.***

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

\_\_\_\_\_  
(applicant's signature)

\_\_\_\_\_  
(date)

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