



**Iola Living Assistance**  
 SKILLED NURSING RESIDENCE  
 A Community-Owned Iola Living Assistance Inc. Property

## Employment Application

We are an Equal Opportunity Employer  
 Please print out, complete in ink and submit to our office.  
 You must complete the entire application.

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

Applicant Information		
Name (first, middle, last)		Address (street, city, state, zip code)
Day telephone (      ) E-mail address:		Social Security Number
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.		
Are you legally authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, you will be required to provide proof of work authorization.		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work applying for and have obtained a valid work permit.		
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: 1) nature of crime, 2) date of conviction and 3) state in which convicted. (Convictions are not an automatic bar to employment.)		
Do you have any <i>pending</i> criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the 1) nature of the charges, 2) date issued and 3) county and state where issued.		
Have you ever applied at the Iola Living Assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Have you ever worked at the Iola Living Assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
Position(s) applied for: (an application is required for each position for which you apply).		What shifts are you able and willing to work? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> PMs <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays
		Wage/salary requirements \$ _____
Applying for: <input type="checkbox"/> Full-time (80 hours per pay period) <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual		
Date available for work: _____		
Have your clinical privileges with any health care entity ever been, or threatened to be, surrendered or restricted in connection with incompetent or improper professional conduct? Circle: Yes No If yes, please explain fully.		
Does your name appear on either the Office of Inspector General (OIG) exclusion list or the General Services		

Administration (GSA) exclusion list?  
 Circle: Yes No If yes, please explain fully.

**Special Skills**

1. If relevant, please describe word processing speed, software knowledge, and office equipment experience:

2. If relevant, please describe experience using manufacturing machines and equipment.

**Training Courses**

List any relevant training programs completed.

Course/Seminar	Organization sponsoring	Content	Dates attended

**Education**

School	Name and Location (city, state)	No years attended	Major subjects	Diploma or degree received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Required License(s)		
If required to drive a motor vehicle for the job applying for, state your: 1) driver's license number                      2) state issued		
Are you licensed with any group, association or society relating to the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration or license number	State issued	Expiration date

Employment History (start with most recent; use separate sheet if necessary)		
Name of Employer	Telephone (    )	
Address		
Job title	Employment dates (month and year)	
Name of immediate supervisor	From	To
Description of duties		
Salary — start	Salary — end	Reason for leaving
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of employer	Telephone (    )	
Address		
Job title	Employment dates (month and year)	
Name of immediate supervisor	From	To
Description of duties		
Salary — start	Salary — end	Reason for leaving
Name of employer	Telephone (    )	
Address		
Job title	Employment dates (month and year)	
Name of immediate supervisor	From	To
Description of duties		
Salary — start	Salary — end	Reason for leaving
Name of employer	Telephone (    )	
Address		
Job title	Employment dates (month and year)	
Name of immediate supervisor	From	To
Description of duties		
Salary — start	Salary — end	Reason for leaving

**Please Read Carefully Before Signing This Form**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the Iola Living Assistance, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the nursing home is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the nursing home's unless specifically provided otherwise in a written employment contract. I further understand that no nursing home employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the nursing home and then only by means of a signed written document.

Signed by Applicant \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in the Iola Living Assistance.

FOR PERSONNEL DEPARTMENT USE ONLY			
Arrange interview <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remarks _____ _____ _____			
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of employment _____	Interviewer	Date
Job title _____ Hourly rate/salary _____ Department _____			
By (name and title) _____ Date _____			

NOTES:

**CONSENT FOR RANDOM DRUG AND ALCOHOL SCREENING  
POST ACCIDENT / REASONABLE SUSPICION**

As a condition of my employment at the Iola Living Assistance,  
I, \_\_\_\_\_, agree to undergo random drug and alcohol screening tests  
at the request of Supervisory or Employee Health staff during my employment.

I understand that my continued employment is contingent upon taking and passing all such tests and that a  
positive drug or alcohol test will result in disciplinary action up to and including discharge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**NEW HIRE'S CONSENT FOR DRUG AND ALCOHOL TESTING**

I understand that a urine alcohol and drug screen to detect drugs of abuse will be taken as part of my pre-placement screening, and that the results of these tests and the physical examination will be used to determine whether I am fit for employment on the job for which I am applying. It is the policy of Iola Living Assistance not to hire individuals who use illegal or dangerous drugs without a prescription from a physician. With this understanding, I voluntarily submit to urine screening and the release of the results of the screening to appropriate Iola Living Assistance personnel.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



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**EMPLOYMENT REFERENCE REQUEST**

From: Iola Living Assistance  
 P.O. Box 237  
 Iola, WI 54945

Reference Requested for:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

To whom it may concern,

I have applied at Iola Living Assistance Inc, for a position as \_\_\_\_\_.

I worked for your company as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Will you please verify my employment by completing this questionnaire? I authorize you to furnish Iola Living Assistance with all the information they requested. I release you, your organization, and Iola Living Assistance Inc. from all liability for any damage whatsoever arising there from.

Thank you,

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**APPLICANTS VERIFICATION AND CONSENT**

I understand that the completion and submission of this application in no way obligates Iola Living Assistance Inc. to hire me. I hereby verify that all statements made by me are true and complete and that there is no misrepresentation, falsification or omission of the information provided above. I am aware that if Iola Living Assistance Inc. discovers any misrepresentation, falsification or omission, such as discovery will constitute grounds for the rejection of my application or my immediate dismissal if I have been hired, regardless of the length of my employment. By completing this application, I verify that I am genuinely interested in employment with Iola Living Assistance Inc. and I have not made this application under any false pretenses.

I acknowledge that Iola Living Assistance Inc. will contact my former employers and/or other references. I hereby consent to and authorize any companies, schools, or persons named in this application and/or the attached resume to furnish any and all relevant information concerning my previous employment, qualifications, character and/or school records. I hereby release said companies, schools, or persons of all claims, liability and damages for whatever reason arising out of furnishing this information.

I acknowledge that Iola Living Assistance Inc. has a pre-employment drug testing policy. If I am offered a position with Iola Living Assistance Inc, I will be asked to consent to a pre-employment drug test and will sign a separate consent to such a test.

I acknowledge that Iola Living Assistance Inc. may perform a background investigation that includes, among other things, a review of my record with law enforcement agencies. I further acknowledge that I will sign a separate consent permitting Iola Living Assistance to conduct such an investigation.

If employed, I hereby authorize Iola Living Assistance Inc. to respond to any request for information regarding any work history at Iola Living Assistance Inc. and hereby release Iola Living Assistance Inc. from any liability for future references it may provide regarding my work history at Iola Living Assistance Inc.

I understand that, if I am employed, there will be nonspecific term of employment and that the nature of the employment relationship is at-will (unless a collective bargaining agreement is in place), meaning either Iola Living Assistance Inc. or I may terminate the employment relationship at any time, for any reason. I understand that no representative of Iola Living Assistance Inc. other than the Vice-president/general Manager has the authority to enter into any employment agreement for a specified period of time. Any such authorized agreement will not be enforceable unless in writing.

If employed, I understand that my employment shall be in accordance with the terms of this application and Iola Living Assistance Inc.'s policies and procedures. I understand neither this application nor Iola Living Assistance Inc.'s policies and procedures constitute a guarantee or contract for employment. I understand Iola Living Assistance Inc. requests two weeks' notice if I wish to resign.

If employed, I will not disclose any of Iola Living Assistance Inc.'s confidential information, whether written or otherwise, including and without limitation to all files, records, and manuals relating to the business of Iola Living Assistance Inc. of any entity with whom Iola Living Assistance Inc. has dealings, nor will I make use of such information in any fashion after my employment with Iola Living Assistance Inc.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date