



115 North Hilton PO Box 159 Clarksville, Iowa 50619
Phone: 319-278-4900 Fax: 319-278-4166 ATTN: HR

Dear Applicant

Please complete this application packet following these instructions:

- 1) The entire **Application** form must be completed, including your signature and the date.
- 2) Please complete the three enclosed **Confidential Reference Request** forms, sign, date, and telephone number included.

We appreciate you taking the time to accurately and completely fill out these forms.

Thank you,

A handwritten signature in cursive script that reads "Kristol Ulrich".

Kristol Ulrich
Business Office Manager

CNH, Inc policy is to offer equal opportunity to every employee based on qualifications only, without regard to race, color, religion, gender, age, national origin, disability, veteran status, or sexual preference as defined by law.



Special skill and qualifications, including those acquired from employment or other experience:

EMPLOYMENT EXPERIENCE:

Start with your present or most recent job. Include any military service assignments and /or volunteer activities. Account for all periods of unemployment.

Employer Name		Supervisor	Job Title	
Street Address	City	State	Zip Code	Telephone
___/___/___ Start Date	to	___/___/___ End Date	Reason for leaving	

Summary of work duties performed:

Employer Name		Supervisor	Job Title	
Street Address	City	State	Zip Code	Telephone
___/___/___ Start Date	to	___/___/___ End Date	Reason for leaving	

Summary of work duties performed:

Employer Name		Supervisor	Job Title	
Street Address	City	State	Zip Code	Telephone
___/___/___ Start Date	to	___/___/___ End Date	Reason for leaving	

Summary of work duties performed:

PROFESSIONAL SCHOOL				
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EDUCATION:

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 yes, please explain:

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

If you answered yes, please 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 you answered yes, please 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 you answered yes, please explain:

Do you hold any active/current licensure or registration? YES NO

If you answered yes, please list:

Have you ever had any disciplinary action taken against your professional or certification license, including as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property? YES NO

If you answered yes, please explain:

List any Educational honors; extra-curricular activities; professional societies or other information that you believe is related to your ability to perform the position for which you are applying and your application for employment:

**If additional space is needed, please continue on a separate sheet of paper*

State any additional information that you feel may be helpful to us in considering your application:

EQUAL OPPORTUNITY EMPLOYER STATEMENT

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APPLICANT STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this Application. The facility is required by law to check for any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application, I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may result in termination. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment and that a health screening disease, such as TB, is required.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representation to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant

Date



Clarksville
Skilled Nursing & Rehabilitation Center



115 North Hilton PO Box 159 Clarksville, Iowa 50619
Phone: 319-278-4900 Fax: 319-278-4166

CONFIDENTIAL REFERENCE REQUEST

Personal Reference

OR

Employment Reference

Position Applying for: _____

Please fill out your reference's information below. Please be sure to include a valid contact number.

Name of reference: _____

Address of reference: _____

Phone Number: _____

Authorization/Release:

I hereby authorize Community Nursing Home INC permission to request information from the above reference. I hereby authorize a release of information from all former employees, educational institutions, personal references and any other parties contacted, from all liabilities in releasing information.

Print Name

Applicant Signature

____/____/____
Date

CONFIDENTIAL REFERENCE CHECK **OFFICE USE ONLY**

Name of Applicant: _____

Position Applying for: _____

Personal Reference OR Employment Reference

Name of reference: _____

Only able to give dates of employment & last position held per policy

Dates Employed: ___/___/___ to ___/___/___ Last Position held: _____

Duties/Responsibilities:

Reason for leaving:

Would you re-hire? _____ YES _____ NO

If not, why? _____

Quality of work:	() Good	() Adequate	() Poor
Quantity of work:	() Good	() Adequate	() Poor
Attendance:	() Good	() Adequate	() Poor
Cooperation:	() Good	() Adequate	() Poor
Initiative:	() Good	() Adequate	() Poor

Other Comments:

Signature

Title

____/____/____
Date



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Personal Reference OR Employment Reference

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Only able to give dates of employment & last position held per policy

Dates Employed: ___/___/___ to ___/___/___ Last Position held: _____

Duties/Responsibilities:

Reason for leaving:

Would you re-hire? _____ YES _____ NO

If not, why? _____

Quality of work:	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Quantity of work:	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Attendance:	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Cooperation:	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Initiative:	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor

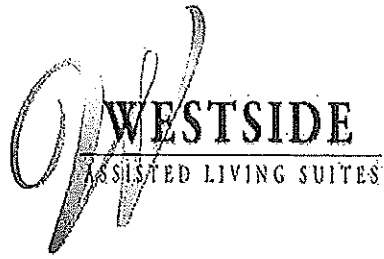
Other Comments:

Signature Title

___/___/___
Date



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Print Name

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Date

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Quantity of work:	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Attendance:	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Cooperation:	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor
Initiative:	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor

Other Comments:

Signature

Title

___/___/___
Date