

Sunnycrest

APPLICATION FOR EMPLOYMENT DUBUQUE COUNTY, IOWA



GENERAL INFORMATION:

- Complete this application in detail. Print or type your responses.
- Resumes may be added but cannot be substituted for a fully completed application.
- Filing an application does not imply that you will be interviewed or hired but that your qualifications will be considered for vacancies indicated.
- Dubuque County hires only U.S. Citizens and Aliens lawfully authorized to work in the United States and will require all new full-time and part-time employees to complete the Federal I-9 form that verifies the person's identity and employment eligibility.
- Dubuque County is an equal opportunity employer. Qualified applicants are eligible to compete for positions without regard to race, color, national origin, sex, creed, religion, age, mental or physical disability, marital status or sexual preference.

PERSONAL INFORMATION

POSITION FOR WHICH YOU ARE APPLYING: _____

DATE OF APPLICATION: _____

1. _____
Last Name First Name Middle Initial

2. _____
Street Address City State Zip Code

3. _____ 4. _____
Phone Number - Business Hours Phone Number - Evenings

5. Social Security Number: _____

6. Have you served and been honorably discharged from the Military forces of the United States during any of the following periods? _____ Yes _____ No

- A. December 7, 1941 - December 31, 1946
- B. June 25, 1950 - January 31, 1955
- C. February 28, 1961 - May 7, 1975
- D. August 24, 1982 - July 31, 1984
- E. December 20, 1989 - January 31, 1990
- F. August 2, 1990 -

7. Name any relative in the County's employ: _____

EDUCATION AND TRAINING

8.	No. of Years Completed	Name Of Institution	Did You Graduate?
Elementary	_____	_____	_____
High School	_____	_____	_____
Trade/Business School	_____	_____	_____
College	_____	_____	_____
Post Graduate	_____	_____	_____
Other	_____	_____	_____

If you attended college, what was your major? _____ minor? _____

9. List any special training (vocational schools, short courses, workshops, etc.) _____

10. If the job announcement requires completion of specific courses or training, indicate that which you have completed:

11. If the job announcement requires the operation of specific machinery or special skills, list those at which you are competent: _____

12. List any professional licenses you hold _____

13. Typing Speed _____ wpm Speedwriting or Shorthand speed _____ wpm (if applicable)

List computer programs you are familiar with: _____

14. List special office machines you can operate: _____

15. If applying for a position that requires driving, do you have a valid appropriate driver's license? ____ Yes ____ No

If yes, please give license number _____

You will be expected to provide evidence of appropriate driver's license, subject to validation, prior to employment.

EMPLOYMENT RECORD

Please begin with your present or most recent employer and continue for the past 20 years.

You may attach additional sheets if necessary.

16. Dates employed _____
Position held _____
Starting salary _____ (monthly) Final salary _____ (monthly)
Name and address of employer _____

Immediate supervisor _____
Title of immediate supervisor _____
Description of duties _____

Reason for leaving _____

Dates employed _____
Position held _____
Starting salary _____ (monthly) Final salary _____ (monthly)
Name and address of employer _____

Immediate supervisor _____
Title of immediate supervisor _____
Description of duties _____

Reason for leaving _____

Dates employed _____
Position held _____
Starting salary _____ (monthly) Final salary _____ (monthly)
Name and address of employer _____

Immediate supervisor _____
Title of immediate supervisor _____
Description of duties _____

Reason for leaving _____

17. May inquiry be made of your present employer regarding your character, qualifications and record of employment?

_____ Yes _____ No

18. May inquiry be made of your past employer(s) regarding your character, qualifications and record of employment?

_____ Yes _____ No

19. REFERENCES

NAME

ADDRESS

TELEPHONE NUMBER

CERTIFICATION OF APPLICANT

Please read carefully

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware, that should an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I will be dismissed from my employment with Dubuque County. I further authorize Dubuque County to make all necessary and appropriate investigations to verify the information contained herein.

Signature _____ Date _____

AUTHORIZATION AND RELEASE

Having made application for employment and desiring Dubuque County to be informed as to my record(s), I hereby authorize Dubuque County to investigate my record and I further authorize the addressed individual, company or institution to furnish Dubuque County with any information which may concern my employment record, and do hereby release the addressed individual, company or institution and all persons whomsoever from any damage on account of furnishing such information.

Signature of Applicant _____

Date _____

Witness _____

DUBUQUE COUNTY PERSONNEL DEPARTMENT
DUBUQUE COUNTY COURTHOUSE
DUBUQUE, IOWA 52001-7079

JOAN BODNAR-NOON
PERSONNEL ASSISTANT
563-589-4445
personnel2@dbqco.org

MARY ANN SPECHT
PERSONNEL DIRECTOR
563-589-4462
MARYANNSPECHT@DBOCO.ORG

TO: APPLICANTS FOR EMPLOYMENT AT SUNNYCREST MANOR
RE: RECORDS CHECK
FROM: MARY ANN SPECHT, DUBUQUE COUNTY PERSONNEL DIRECTOR

THE REVERSE SIDE OF THIS DOCUMENT IS A REQUEST FOR A RECORD CHECK FOR AN IOWA HEALTH CARE FACILITY. YOU **MUST** FOLLOW THE DIRECTIONS BELOW AND COMPLETE **PORTIONS** OF THE FORM ON THE REVERSE SIDE OF THIS DOCUMENT IN ORDER TO BE CONSIDERED FOR EMPLOYMENT AT SUNNYCREST MANOR.

YOU MUST **ALSO** COMPLETE THE FORM ENTITLED "APPLICATIONS FOR ALL POSITIONS AT SUNNYCREEST MANOR."

ON THE FORM ON THE REVERSE SIDE OF THIS DOCUMENT, FILL IN THE FOLLOWING ONLY:

LAST NAME, FIRST NAME, MIDDLE NAME
DATE OF BIRTH, SEX, SOCIAL SECURITY NUMBER

THEN **SIGN** THE DOCUMENT **ONLY** AT THE BOTTOM UNDER "WAIVER", WHERE THERE IS A SPACE FOR SIGNATURE AND DATE. FILL BOTH OF THOSE LINES IN.

DO NOT SIGN THE DOCUMENT UNDER 'SIGNATURE OF REQUESTOR', AND DO NOT WRITE IN THE SPACE ENTITLED 'RESULTS'.

THANK YOU FOR YOUR COOPERATION.

IOWA HEALTH CARE FACILITY (135c) RECORD CHECK
FORM C

ACCOUNT NUMBER 7027

TO: IOWA DIVISION OF CRIMINAL INVESTIGATION
BUREAU OF IDENTIFICATION
WALLACE STATE OFFICE BUILDING
DES MOINES, IOWA 50319
(515) 281-5138
(515) 242-6876 (FAX)

FROM: SUNNYCREST MANOR
2375 ROOSEVELT ST.
DUBUQUE IA 52001
PHONE # 563-583-781
FAX # 563-583-1705

I AM REQUESTING AN IOWA CRIMINAL HISTORY CHECK ON:
(TYPE/PRINT LEGIBLY)

REQUEST

_____ LAST NAME (MANDATORY)	_____ FIRST NAME (MANDATORY)	_____ MIDDLE NAME (RECOMMENDED)
_____ DATE OF BIRTH (MANDATORY)	_____ SEX (MANDATORY)	_____ SOCIAL SECURITY NUMBER (MANDATORY)

SIGNATURE OF REQUESTER

THERE IS A SEPARATE FORM "C" REQUIRED FOR EACH LAST NAME SUBMITTED

(DCI USE ONLY)

RESULTS

AS OF _____, A NAME AND DATE OF BIRTH CHECK
REVEALED:

/ CCH RECORD ATTACHED / / / / NO CCH RECORD / / /

DCI INITIALS _____

WAIVER

I HEREBY GIVE PERMISSION FOR THE ABOVE REQUESTING OFFICIAL TO CONDUCT AN IOWA CRIMINAL
HISTORY CHECK WITH THE DIVISION OF CRIMINAL INVESTIGATION.

YOUR SIGNATURE

DATE

APPLICATIONS FOR ALL POSITIONS
AT
SUNNYCREST MANOR

ALL APPLICANTS FOR EMPLOYMENT AT SUNNYCREST MUST RESPOND TO THE FOLLOWING QUESTIONS TO FULFILL THE REQUIREMENTS OF IOWA CODE SECTION 135C.33.

IOWA CODE SECTION 135C.33 REQUIRES THAT DUBUQUE COUNTY (SUNNYCREST MANOR) INFORM ALL APPLICANTS FOR EMPLOYMENT ACKNOWLEDGE RECEIPT OF INFORMATION THAT CRIMINAL AND CHILD AND DEPENDENT ADULT ABUSE RECORDS CHECKS WILL BE DONE PRIOR TO EMPLOYMENT AT THE FACILITY, AND THAT THE FOLLOWING QUESTIONS BE ANSWERED:

1. DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ABUSE?

CHECK ONE

YES

NO

2. HAVE YOU EVER BEEN CONVICTED OF A CRIME, IN THIS STATE OR ANY OTHER STATE?

CHECK ONE

YES

NO

IF YOU HAVE CHECKED "YES" TO EITHER OF THE ABOVE, THE IOWA DEPARTMENT OF HUMAN SERVICES WILL EVALUATE THE RECORD TO DETERMINE WHETHER PROHIBITION OF YOUR EMPLOYMENT IS WARRANTED, AND WILL REPORT TO THE FACILITY (SUNNYCREST MANOR).

PLEASE INDICATE WITH YOUR SIGNATURE THAT YOU UNDERSTAND THAT THESE RECORDS WILL SENT TO THE IOWA DEPARTMENT OF PUBLIC SAFETY AND/OR THE IOWA DEPARTMENT OF HUMAN SERVICES PRIOR TO EMPLOYMENT AT SUNNYCREST MANOR.

SIGNATURE OF APPLICANT

DATE