

Brooklyn Community Estate Application for Employment

406 North Street
Brooklyn, Iowa 52211
Phone: 641.522.9263
Fax: 641.522.5684
info@brooklyncommunityestate.com

Date of Application: _____/_____/_____	Desired Position: _____
--	-------------------------

Name: _____

First middle last

Address: _____

Street city/town state zip code

Phone: (____)_____ Social Security Number: _____-_____-_____

Are you at least 18 years of age? Yes ☐ No ☐

Are you at least 16 years of age? Yes ☐ No ☐ (If less than age 16, can you furnish a work permit? Yes ☐ No ☐

Can you, if hired, submit verification of your legal right to work in the United States? Yes ☐ No ☐

If hired, you will be required to submit documents sufficient to establish employment authorization and identity compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

Have you ever been employed here before? Yes ☐ No ☐ If yes, date of previous employment _____

Are you employed now? Yes ☐ No ☐ May we contact your present employer? Yes ☐ No ☐

Are you on a lay-off and subject to recall? Yes ☐ No ☐

On what date would you be available for work? _____ Expected wage: _____

Are you available to work: FT ☐ PT ☐ Hours available: 7-3 ☐ 3-11 ☐ 11-7 ☐ Other ☐ _____

Give the name, address and telephone number of three references who are not related to you and are not previous employers.

Name	Address	(____)_____
		Telephone number
Name	Address	(____)_____
		Telephone number
Name	Address	(____)_____
		Telephone number

Have you ever been convicted of a criminal offense other than a traffic violation? Yes ☐ No ☐

If so, what was the date and nature of the conviction? _____/_____/_____

Have you ever been the subject of an investigation into abuse or neglect of a child or adult? Yes ☐ No ☐

If so, what was the outcome of the investigation?



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School name	Elementary/Jr High	High School	College/University	Graduate/Professional
Years completed (Circle)	K 1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	N/A			
Describe course of study	N/A			

Educational honors, extra-curricular activities, professional societies or other information (if unrelated to ethnic or religious groups or organizations): _____

Special skills and qualifications including those acquired from employment and other experience: _____

Employment Experiences

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment. Exclude organization names which indicate: race, color, religion, sex, national origin or disability.

Employer name # 1 _____ Employer phone number (_____) _____	Work performed _____ _____ _____	
Address _____ _____ _____	Reason for leaving _____ _____ _____	
Supervisor's name _____	From: ____/____/____ To: ____/____/____	Job title _____
Employer name # 2 _____ Employer phone number (_____) _____	Work performed _____ _____ _____	
Address _____ _____ _____	Reason for leaving _____ _____ _____	
Supervisor's name _____	From: ____/____/____ To: ____/____/____	Job title _____

Use the space below to state any additional information you feel may be helpful for us when considering your application.

Interview Questions



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1. Why are you or have you remained interested in working with the elderly?

2. How would you handle the following situations?

A. You see or become involved in a confrontation with peers or residents:

B. You see an employee hit a resident or a resident hit an employee:

C. You notice an employee stealing:

D. A resident wants to give you a gift:

3. In what situation do you feel it is okay to be absent or tardy for work?

4. If a resident or staff member were to tell you a secret, with whom could you share the information?

5. Are you a person who needs a set routine or are you flexible within the workplace?

6. Give an example of a time you found it necessary to make an exception to the rule in order to get something done:_____

7. If you have a task that is not completed but it's time to leave your shift, what do you do?

Applicant's Statement

Please read carefully before signing.



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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 and I understand that any false or misleading information provided may result in my immediate discharge.

In signing this application, I state that I understand that I will be required to fulfill all aspects of the job if I am hired to perform the job understand that the failure to fulfill any aspect of the job may be grounds for termination. I also understand that I may be required to pass an agility test. I 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.

I understand that this **application is not a contract of employment**; that if hired, regardless of any oral representations 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 the employment's 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

An Equal Opportunity Employer

Applicants are considered for, and employees are treated during employment, without regard to age, race, color, creed, pregnancy, sex, national origin, religion, disability or status as a disabled veteran.

Results of Reference Checks

Employer # 1 _____ (Please write legibly →)	_____ _____ _____
Employer # 2 _____ (Please write legibly →)	_____ _____ _____
Personal reference # 1 _____ (Please write legibly →)	_____ _____ _____
Personal reference # 2 _____ (Please write legibly →)	_____ _____ _____
Personal reference # 3 _____ (Please write legibly →)	_____ _____ _____

Signature and title of person completing reference checks
(Immediate supervisor of applicant must complete all references given by applicant)

Reference Authorization



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Applicant:

Please complete and sign the reference authorization to expedite the processing of your application. By signing below, I voluntarily give Brooklyn Community Estate my permission to make an investigation of my past employment record, education history and character. I agree to cooperate in such an investigation and release from all liability and/or responsibility all persons, companies or corporations supplying such information.

Applicant Printed Name

Applicant Signature

Applicant social security Number

Employer:		Telephone:		Fax:	
What was applicant's position? →					
Dates applicant was employed? →		From:	To:	Eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Job knowledge	<input type="checkbox"/> Far exceeds	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Meets	<input type="checkbox"/> Below	<input type="checkbox"/> NA
Quality of work	<input type="checkbox"/> Far exceeds	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Meets	<input type="checkbox"/> Below	<input type="checkbox"/> NA
Quantity of work	<input type="checkbox"/> Far exceeds	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Meets	<input type="checkbox"/> Below	<input type="checkbox"/> NA
Leadership skills	<input type="checkbox"/> Far exceeds	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Meets	<input type="checkbox"/> Below	<input type="checkbox"/> NA
Communication skills	<input type="checkbox"/> Far exceeds	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Meets	<input type="checkbox"/> Below	<input type="checkbox"/> NA
Attendance	<input type="checkbox"/> Far exceeds	<input type="checkbox"/> Exceeds	<input type="checkbox"/> Meets	<input type="checkbox"/> Below	<input type="checkbox"/> NA
Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____					
Completed by		Title		Date	

Iowa Health Care Facility Record Check

To: Iowa Division of Criminal Investigation
Bureau of Identification

From: Brooklyn Community Estate
406 North Street



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Wallace State Office Building
Des Moines, Iowa 50319
515-281-5138 (tel)
515-242-6876 (fax)

Brooklyn, Iowa 52211
641-522-9263 (tel)
641-522-5684 (fax)
Acct. No. 7310-C

Brooklyn Community Estate is requesting an Iowa Criminal History Check on:

Type/Print Legibly. Please complete all highlighted fields. **A separate form is required for each last name.**

<div></div> Last Name	<div></div> First Name	<div></div> Middle name
<div>/ /</div> Date of Birth	<div></div> Sex	<div>- -</div> Social Security Number

Waiver

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

<div></div> Signature	<div></div> Date
<div></div> Signature of Requestor	<div></div> Date

(DCI Use Only)

Results

As of _____, a Name and date of birth check revealed:

☐ CCH Record Attached ☐ No CCH Record

DCI initials _____