



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



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Applicant's 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 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.

Reference Authorization

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



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Iowa Health Care Facility Record Check

To: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
515-281-5138 (tel)
515-242-6876 (fax)

From: Brooklyn Community Estate
406 North Street
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.**

_____ Last Name	_____ First Name	_____ Middle name
____/____/____ Date of Birth	_____ Sex	____-____-____ 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.

Signature

Date

Signature of Requestor

Date

(DCI Use Only)

Results

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

CCH Record Attached No CCH Record

DCI initials _____