



# IOWA CITY HOSPICE

## IOWA CITY HOSPICE, INC. APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Applicant Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
Last Name, First Name, M.I.

Present Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State, Zip Code

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mon Day Yr

Maiden or Last Name Used: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

### EMPLOYMENT VERIFICATION

**1. Employer Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street City State, Zip Code

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**2. Employer Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**3. Employer Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EDUCATION VERIFICATION**

**1. School Name:** \_\_\_\_\_ **Branch/Campus:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Street, City, State, Zip Code

**Studies:** \_\_\_\_\_

**Attended Under:** \_\_\_\_\_ **Highest Degree Obtained:** \_\_\_\_\_  
Last Name, First Name, M.I.

**Dates of Attendance:** \_\_\_\_\_

**2. School Name:** \_\_\_\_\_ **Branch/Campus:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Street, City, State, Zip Code

**Studies:** \_\_\_\_\_

**Attended Under:** \_\_\_\_\_ **Highest Degree Obtained:** \_\_\_\_\_  
Last Name, First Name, M.I.

**Dates of Attendance:** \_\_\_\_\_

**PROFESSIONAL LICENSE VERIFICATION**

**Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**DRIVERS LICENSE VERIFICATION**

**State:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**BACKGROUND CHECK**

**Have you ever been convicted of a crime, in this state or any other state?** Yes\_\_\_ No\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Do you have a record of founded child or dependent adult abuse?** Yes\_\_\_ No\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

If you are convicted of a crime or have a record of founded child or dependent adult abuse entered in the abuse registry after your employment application date, you shall inform Iowa City Hospice of such information within 48 hours of the criminal conviction or entry of the record of founded abuse.

List every place you have lived in the last three years OTHER THAN THE STATE OF IOWA, including any name used that is different than listed at the beginning of the application.

1. Name: \_\_\_\_\_  
Last name, first name, middle initial

Address: \_\_\_\_\_  
Street City State/Zip code

Dates: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Last name, first name, middle initial

Address: \_\_\_\_\_  
Street City State/Zip code

Dates: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Last name, first name, middle initial

Address: \_\_\_\_\_  
Street City State/Zip code

Dates: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Are you employed now?  Yes  No

Referred by: \_\_\_\_\_  
\_\_\_\_\_

How did you find out about this job opening?  
\_\_\_\_\_  
\_\_\_\_\_

## **EMPLOYMENT INQUIRY RELEASE**

In connection with your application with Iowa City Hospice, Inc. , on our behalf, EZ-facts.com will make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employments.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from EZ-facts.com and, in that event, upon your written request, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act".

Please complete and sign the form which follows, authorizing, without reservation, any party, including, but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by EZ-facts.com to furnish any or all of the above-mentioned information. Your authorization releases EZ-facts.com from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to EZ-facts.com the above-mentioned information as requested, in order to successfully complete a background investigation for your application for employment. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

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APPLICANT SIGNATURE

**Employment References: (Please provide references from previous employers) Iowa City Hospice will contact these references for information regarding your employment record and other information as it regards your suitability for employment. You may include a personal reference if 3 employers references are not available.**

Employer Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Employer Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Employer/Personal Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_