Madrid Home Communities

☐ Madrid Home, 613 W North Street, Madrid, IA 50156
☐ The Cedars, 600 North Kennedy, Madrid, IA 50156
☐ Ballard Creek, 908 North Hwy 69, Huxley, IA 50124

Human Resources Use Only:

Date of Hire _____ Dept._____ ID _____
Start Wages _____ FT or PT _____ Exp._____

Application for Employment

The Madrid Home Communities prohibits discrimination in employment because of sex, age, race, color, religious creed, political affiliation or belief, marital status, national origin, ancestry, sexual orientation, gender identity, or physical/ mental disability. We comply with EEOC regulation including the Americans with Disabilities Act.

This application will be considered void and will be removed from the file in 90 days from the date of this application. Should you wish to be considered for employment after 90 days from the date of this application, please reapply.

PERSONAL INFORMATION Date:_____

Name _____
Last First Middle Initial

Street Address _____

City _____ State _____ Zip Code _____ Telephone (_____)_____

Are you 16 years of age or older? ☐ Yes ☐ No

If not a U.S. Citizen, do you have the legal right to remain permanently and work in the U.S.? ☐ Yes ☐ No

Alien Registration Number: _____

Are you able to perform the essential functions of the job for which you have applied? ☐ Yes ☐ No

Do you have a record of founded child or dependent adult abuse' or been convicted of a crime in this start or any other state? ☐ Yes ☐ No

Have you been excluded from participation in any federal or state Medicare, Medicaid, or any other third party payor program or have such pending action? ☐ Yes ☐ No
If yes, a letter showing reinstatement is required for further consideration for employment.

EMPLOYMENT DESIRED

Position applied for _____ ☐ Full-time ☐ Part-time _____

Shift you can work: (Circle all that apply) (Nursing staff only)
(6 a.m.- 2 p.m.) (2 p.m. - 10 p.m.) (10 p.m.- 6 a.m.)

Date you would be available to start work:_____

Have you ever applied to the Madrid Home before? ☐ Yes ☐ No When?_____

Have you ever worked for the Madrid Home before? ☐ Yes ☐ No When?_____

Who was your Madrid Home Supervisor?_____

Reason for Leaving Madrid Home _____

EDUCATION

Highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4

Grade School High School College

Name of current / most recent school attended _____

C.N.A. / C.M.A. On Registry? ☐ Yes ☐ No State?_____ Registration # _____

Nurse On Registry? ☐ L.P.N. ☐ R.N. State?_____ Registration # _____

PROFESSIONAL REFERENCES

Name_____ Phone _____ Relationship_____

Address _____ # of Years Acquainted _____

Name_____ Phone _____ Relationship_____

Address _____ # of Years Acquainted _____

Name_____ Phone _____ Relationship_____

Address _____ # of Years Acquainted _____

WORK HISTORY (List the most recent employment first)

Company Name_____ Phone _____ Supervisor_____

Address _____ Employed from _____ to _____

Position Held _____ Salary _____ Reason for Leaving_____

Company Name_____ Phone _____ Supervisor_____

Address _____ Employed from _____ to _____

Position Held _____ Salary _____ Reason for Leaving_____

Company Name_____ Phone _____ Supervisor_____

Address _____ Employed from _____ to _____

Position Held _____ Salary _____ Reason for Leaving_____

APPLICANT'S STATEMENT

I understand any employment by this facility will be on a 120-day probationary basis. If employed by the Madrid Home Communities, I agree to abide by its rules and regulations. The above information is completed and true to the best of my knowledge. I understand the discovery of misrepresentation or omission of facts herein will be cause for immediate dismissal. I authorize this facility to contact any and/or all of my references for full information. I agree to take a physical examination at any time, at the request of this facility and at no personal expense to me and agree the examining physician may disclose the findings to this facility or an authorized agent of this facility.

Nothing herein contained shall be deemed to give any employee the right to be retained in the employ of the employer or to interfere with the right of employer to discharge such employee at any time, nor shall it be deemed to give the employer the right to require the employee to remain in its employ, nor shall interfere with the employee's right to terminate his/ her employment at any time. The applicant understands prior to employing any individual in this facility, state law requires facilities licensed under 135C of the Iowa code to conduct criminal record and dependent adult abuse record checks through the Department of Criminal Investigation. The applicant hereby consents to the facility conducting the required record checks and agrees to cooperate in any evaluation which may be required by the Department of Human Services.

Date: _____ Applicant's Signature: _____