



Instructions for Applicants Holy Spirit Retirement Home

Dear Applicant:

Thank you for applying at Holy Spirit Retirement Home.

Incomplete applications may **not** be considered for employment. In order to have a complete application, please follow these instructions. If you have any questions, do not hesitate to call Human Resources at 712-252-2726.

Once you have completed the application, mail or deliver it to:

**Human Resources
Holy Spirit Retirement Home
1701 W. 25th St.
Sioux City, IA 51103-1705**

All applications will then be shared with Holy Spirit's Administrator and appropriate Department Supervisors.

This application will be considered active for a period of time not to exceed six months. It will remain on file for twelve months, after which, it will be destroyed. Any applicant wishing to be considered for employment, beyond this period of time, should contact Holy Spirit's Human Resources Department inquiring whether or not applications are being accepted at this time.

We will only contact you in the event of our requesting an interview with you.

Again, thank you for your application.

Forms to be Completed:

We must have your signature in four separate locations on these forms. Everytime you see this logo  your signature is required

- | | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Application for Employment | Complete all four pages. Your signature is required on page 4. |
| Request for Reference Check and Employment History | Do not fill out this form. We only need your signature and today's date in the top box. This form may be mailed to one or more of your references. |
| Iowa Health Care Facility (135C) Record Check | Only fill out top box labeled "Request." Sign and date at the bottom in the section labeled "Waiver." |
| Diocese of Sioux City Disclosure & Notice Regarding Background Investigation & Authorization for Investigation | Fill out entire form. Sign and date at the bottom. |
| Pre-Employment Questionnaire | Answer all eight questions |

Thank you for applying with Holy Spirit Retirement Home

Sincerely:

Jon Beringer, Human Resources



Application for Employment Holy Spirit Retirement Home

Instructions:

- Please print
- Check all boxes that apply
- Please sign in all requested blanks

Today's Date _____ When could you be available for work? _____

Position(s) applied for

- | | |
|--------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> LPN - License Practical Nurse | <input type="checkbox"/> RN - Registered Nurse |
| <input type="checkbox"/> CNA - Certified Nurses Aide | <input type="checkbox"/> Nurses Aide - non certified |
| <input type="checkbox"/> Dietary | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Other _____ | |

Do you wish: Full-time Part-time Either Shift work On-call

How did you hear about Holy Spirit?

- | | |
|-----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Holy Spirit Employee | <input type="checkbox"/> State agency (Iowa Workforce) |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Other _____ |

Last Name First Name Middle Name

Street Address

City State Zip

Telephone number where you can be reached Alternate phone number

If you are under 18 years old, can you provide required proof of you work elibility? Yes No

Have you applied with us before? If yes, when? _____ Yes No

Are you currently employed? Yes No

If you are employed, with who? _____ Can we contact them? Yes No

Are you prevented from lawful employment in the U. S. because of VISA or immigration status? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires? Yes No

Have you been convicted of a felony or a misdemeanor within the last 7 years? (A conviction will not necessarily disqualify an applicant from employment. A background check is run on all employees.) Yes No

If yes, please explain: _____

We are an equal opportunity employer. We consider all applicants for positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

Employment/Volunteer Experience (Please list most recent first)

Employer	Address		
City	State	Zip	Telephone
Position	Ending Salary	Start Date	End Date
Supervisor	Reason for Leaving		

Employer	Address		
City	State	Zip	Telephone
Position	Ending Salary	Start Date	End Date
Supervisor	Reason for Leaving		

Employer	Address		
City	State	Zip	Telephone
Position	Ending Salary	Start Date	End Date
Supervisor	Reason for Leaving		

Employer	Address		
City	State	Zip	Telephone
Position	Ending Salary	Start Date	End Date
Supervisor	Reason for Leaving		

Other (List any professional, trade, business, civic activities or organizations)

References

Name Business or Organization

Address City State Zip

Telephone How do you know this person?

Name Business or Organization

Address City State Zip

Telephone How do you know this person?


Name Business or Organization

Address City State Zip

Telephone How do you know this person?

State any additional information you feel may be helpful to us in considering your application.

- I certify that the answers included in this application are complete and true to the best of my knowledge.
- I authorize investigations of all statements contained in this application for employment, as may be necessary, in arriving at an employment decision.
- This application will be considered active for a period of time not to exceed six months. It will remain on file for twelve months, after which, it will be destroyed. Any applicant wishing to be considered for employment beyond this period of time should contact Holy Spirit's Human Resources Department inquiring whether or not applications are being accepted at this time.
- I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Holy Spirit is of an "at will" nature, which means that the employee may resign at any time and Holy Spirit may discharge the employee at any time, with or without cause. I also understand that this "at will" relationship may not be changed by any written document, or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of Holy Spirit.
- In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Holy Spirit.
- I understand that a job description, for the position(s) in which I am applying for, is available upon request.

 _____
Signature of Applicant Date

Office Use Only: ___ Admin ___ HR ___ DON ___ Dietary ___ Housekeeping ___ Laundry ___ Maintenance ___ AL



Request for Reference Check and/or Employment History

I hereby authorize the investigation of all information supplied by me and release Holy Spirit Retirement Home of all liability based on this investigation. I also release all former employees, educational institutions, personal references, or any other parties contacted, from all liability, in releasing this information.



Applicant's Signature _____

Date _____

Date _____

To _____

Re: Our possible employment of: _____

Holy Spirit is conducting a reference check into applicant listed above. Please provide any of following information and FAX or mail back to Holy Spirit. Thank you.

Please return by FAX: 712-293-1953

or by Mail: Holy Spirit Retirement Home
1701 W. 25th Street
Sioux City, IA 51103-1705

How do you know this person? Former Employee Friend Other _____

Dates of employment: From _____ To _____

Position _____ Department _____

Reason for separation _____

Would you rehire? Yes No

Attendance	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Punctuality	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Attitude	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Honesty	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Neatness	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor
Ability to work with others	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	Poor

Additional comments: _____

Person completing this form:

Signature _____

Print Name _____

Title _____

Organization _____

Telephone _____

Date _____

**IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
Form C**

ACCOUNT NUMBER: 7607-C

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

FROM:
Pat Tomscha, Administrator
Holy Spirit Retirement Home
1701 W. 25th St.
Sioux City, IA 51103-1705
Phone: 712-252-2726
Fax: 712-293-1953

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.



Signature

Date

**HOLY SPIRIT RETIREMENT HOME/DIOCESE OF SIOUX CITY
DISCLOSURE & NOTICE REGARDING BACKGROUND
INVESTIGATION & AUTHORIZATION FOR INVESTIGATION**

(Check all that apply) _____ Employee (Position: _____)
_____ Volunteer (Position: _____)

NOTICE: The Diocese of Sioux City & its related entities will require a background check for all employees & applicants for employment.

I, _____, hereby authorize the **Diocese of Sioux City** and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment or volunteer service now and, if applicable, during the tenure of my employment or volunteer service with the **Diocese of Sioux City**.

_____ Credit History (Employee initial here, if applicable. This check will be done for employees who have access to school or parish funds or accounts)

I release the **Diocese of Sioux City** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits that arise or could arise from such investigation. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (please print): _____	Social Security Number: _____
Maiden Name (if applicable): _____	* Date of Birth: _____
Driver's License Number: _____	State Issuing License: _____

***NOTE:** *The above information is required for ID purposes only, and is in no manner used as a basis for employment decisions.*

Present Street Address: _____	Home Phone Number: _____
City / State / Zip Code: _____	How Long at Present Address?: _____

Former Street Address: _____	How Long at Former Address?: _____
City / State / Zip Code: _____	



Signature _____

Date _____

All offers of employment or the opportunity to volunteer will be contingent on receipt of an acceptable background investigation. New employees should not be allowed to start until the background investigation has been completed and approved.

(Form REV EF 9-17-04)

