

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin): _____

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

- 1) _____
- 2) _____
- 3) _____

EDUCATION	ELEMENTARY	HIGH SCHOOL	UNIVERSITY	GRADUATE
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

Describe specialized training, apprenticeship, skills, and extra-curricular activities	Name: Location: Length of Course: Was Course Completed: Subject: General:
	Honors:

Employment Experience:

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names, which indicate, for example, race, color, religion, sex, or national origin.

1. Employer: _____
 Address: _____ Telephone: () _____
 Job Title: _____ Supervisor: _____
 Dates Employed: _____ Hourly Rate/Salary: _____
 Reason for Leaving: _____
 Work Performed: _____
2. Employer: _____
 Address: _____ Telephone: () _____
 Job Title: _____ Supervisor: _____
 Dates Employed: _____ Hourly Rate/Salary: _____
 Reason for Leaving: _____
 Work Performed: _____
3. Employer: _____
 Address: _____ Telephone: () _____
 Job Title: _____ Supervisor: _____
 Dates Employed: _____ Hourly Rate/Salary: _____
 Reason for Leaving: _____
 Work Performed: _____

State any additional information you feel may be helpful to us in considering our application: _____

These answers are true and complete to the best of my knowledge. The Home may investigate all statement contained in this application, and I understand that any false or misleading information provided my result in my immediate discharge. I understand that this application is not a contract of employment and that if hired, regardless or any oral representations to the contrary, the employment relationship between myself and the Home is terminable-at-will. Any changes in this employment relationship must me bade in writing.

I also understand that any offer of employment is conditioned upon a health evaluation by a doctor selected by the Home; to determine weather I can perform the job duties. I specifically authorize, as part of the physical examination, a test for drugs and alcohol.

Additionally, I authorize the Home to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest that the Home deems appropriate.

Signature of Applicant

Date

PLEASE WRITE A PARAGRAPH EXPLAINING WHY YOU WOULD LIKE TO BE EMPLOYED AT THE PERRY LUTHERAN HOME:

The Lutheran Home for the Aged Association

EMPLOYMENT DATA RECORD

03-1190

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSIONS OR EXCLUSIONS OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please Print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SS #: _____ Birthdate: _____ Sex: Male Female

Ethnic Origin (Check one of the following):

- White Hispanic American Indian/Alaskan Native
 Black Asian/Pacific Islander Other _____

Check if any of the following are applicable:

- Vietnam Era Veteran Handicapped Individual Disabled Veteran

PRE-EMPLOYMENT DRUG TEST

I understand that my offer of employment is conditional upon my passing an oral drug test. I understand that this drug test is for evidence of use of amphetamines (including methamphetamine, or “meth”), opiates (including codeine and morphine), cocaine (“coke”), marijuana, and phencyclidine (PCP, or “angel dust”).

I understand that I need to list below all of the prescription and non-prescription drugs that I am taking. In the event of a positive test I may be asked to provide confirmation from my physician that I am taking a medication which could cause this test to become positive.

I am currently taking the following prescription and non-prescription medications:

Printed Name of Applicant

Applicant Signature
(if under 18 need signature of legal guardian)

Date

Printed Name of Legal Guardian

Signature of Legal Guardian

Date

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

ACCOUNT NUMBER: 7518

TO:

Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515) 281-5238
(515) 242-6876 (Fax)

FROM:

Perry Lutheran Home
2323 Willis Ave.
Perry, Iowa 50220
(515) 465-5342
(515) 465-5344 (Fax)

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" 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

Applicant Signature

Date

SENATE FILE 523

AN ACT RELATING TO HEALTH CARE FACILITIES BY REQUIRING EMPLOYMENT CHECKS OF PROSPECTIVE HEALTH CARE FACILITY EMPLOYEES

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. Section 135C.33, Code 1997, is amended to read as follows:

135C.33 CHILD OR DEPENDENT ADULT ABUSE INFORMATION AND CRIMINAL RECORDS – EVALUATIONS.

1. Beginning July 1, 1997, *prior to employment of a person in a facility, the facility shall request that the department of public safety perform criminal and dependent adult abuse record checks of the person in this state.* In addition, the facility may request that the department of human services perform a child abuse record check in this state. Beginning July 1, 1997, a facility shall inform all persons *prior to employment regarding the performance of the record checks and shall obtain, from the persons, a signed acknowledgment of the receipt of the information.* Additionally, a facility shall include the following inquiry in an application for employment: “Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime, in this state or any other state?” If the person has been convicted of a crime under the law of any state or has a record of founded child or dependent adult abuse, the department of human services shall perform an evaluation to determine whether the crime or founded child or dependent adult abuse warrants prohibition of employment in the facility. The evaluation shall be performed in accordance with procedures adapted for this purpose by the department of human services.

2. If the department of public safety determines that a person has committed a crime or has a record of founded dependent adult abuse and is to be employed in a facility licensed under this chapter, *the department of public safety shall notify the licensee that an evaluation will be conducted by the department of human services to determine whether the prohibition of the person’s employment is warranted.* If a department of human services child abuse records check determines the person has a record of founded child abuse, the department shall inform the licensee that an evaluation will be conducted to determine whether prohibition of the person’s employment is warranted.

3. In an evaluation, the department of human services shall consider the nature and seriousness of the crime or founded child or dependent adult abuse in relation to the position sought or held, the time elapsed since the commission of the crime or founded child or dependent adult abuse, the circumstances under which the crime or founded child or dependent adult abuse was committed, the likelihood that the person will commit the crime or founded child or dependent adult abuse again, and the number of crimes or founded child or dependent adult abuses committed by the person involved. *The department of human services has final authority in determining whether prohibition of the person’s employment is warranted.*

4. If the department of human services determines that the person has committed a crime or has a record of founded child or dependent adult abuse which warrants prohibition of employment, the person shall not be employed in a facility licensed under this chapter.

Sec. 2. Sections 235B.6, subsection 2, paragraph e, Code 1997, is amended by adding the following new subparagraph:

NEW SUBPARAGRAPH. The department of public safety for purposes of performing records checks required under section 135C.33.

Sec. 3. HOME HEALTH SERVICES – REGULATORY REQUIREMENTS.

The departments of public health and inspections and appeals shall review federal and state requirements applicable to providers of homemaker, home-health aide, home-care aide, hospice, and other in-home services to persons with health problems. The review shall include but is not limited to current and proposed federal requirements for quality assurance, fiscal information concerning the source of regulatory funding, feasibility analysis of requiring criminal and dependent adult abuse checks of employees of the providers, feasibility analysis of implementing state regulation of the providers, and other information deemed appropriate by the departments. The departments shall submit a report of the findings and recommendations of or before December 15, 1997.

*Signed by Governor Terry Branstad, April 18, 1997
(emphasis within the bill added by IAHS)*

