

JOB APPLICATION

Sally B's Home-health
3920 Beaver Ave, Des Moines, Iowa 50310
5158034041

Sally B's Home-health is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: Cna/cma/LPN/RN (part time)

How did you hear about this position? _____
What days are you available for work? _____
What hours or shift are you available for work? _____
If needed, are you available to work overtime? _____
On what date can you start working if you are hired? _____
Do you have reliable transportation to and from work? _____
Salary desired: _____

Personal Information

Have you ever applied to or worked for Sally B's Home-health before? Yes No
If yes, when? _____

Do you have any friends, relatives, or acquaintances working for Sally B's Home-health? Yes No
If yes, state name & relationship: _____

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Sally B's Home-health complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

AT-WILL EMPLOYMENT

The relationship between you and the Sally B's Home-health is referred to as "employment at will." This

means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Sally B's Home-health . No representative of Sally B's Home-health has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____

Dated: _____