

**BARTELS LUTHERAN RETIREMENT COMMUNITY  
APPLICATION FOR EMPLOYMENT**

**THIS APPLICATION IS GOOD FOR 60 DAYS.**

**EQUAL ACCESS TO PROGRAMS, SERVICES AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE HUMAN RESOURCES DEPARTMENT.**

**THIS FACILITY CONDUCTS POST-OFFER DRUG TESTING OF ALL PROSPECTIVE EMPLOYEES CONDITIONALLY OFFERED EMPLOYMENT WITH THIS FACILITY. A COPY OF THE FACILITY'S DRUG-FREE WORKPLACE POLICY IS AVAILABLE FOR YOUR REVIEW AND INSPECTION AT ANY TIME DURING NORMAL BUSINESS OFFICE HOURS (i.e. , 8:00 A.M – 5:00 P.M., MONDAY THROUGH FRIDAY). A CONDITIONAL JOB OFFER WILL BE WITHDRAWN IN THE EVENT OF A CONFIRMED POSITIVE TESTS RESULT FOR PROHIBITED DRUGS AND/OR A REFUSAL TO TEST.**

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT     Date of Application \_\_\_\_\_     Position(s) Applied For: \_\_\_\_\_

Referral Source: Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-In \_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Have you filed an application here before?     \_\_\_Yes     \_\_\_No     If yes, give date \_\_\_\_\_

Have you ever been employed here before?     \_\_\_Yes     \_\_\_No     If yes, give date \_\_\_\_\_

Are you employed now?     \_\_\_Yes     \_\_\_No     May we contact your present employer?     \_\_\_Yes     \_\_\_No

Are you legally eligible for employment in this country?     \_\_\_Yes     \_\_\_No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? \_\_\_\_\_     Expected salary: \_\_\_\_\_

Are you available to work:     \_\_\_Full-Time     \_\_\_Part-Time     \_\_\_Temporary     What days?     S     M     T     W     T     F     S

Are you on lay-off and subject to recall?     \_\_\_Yes     \_\_\_No     Shift? \_\_\_\_\_

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?     \_\_\_Yes     \_\_\_No

If yes, please explain \_\_\_\_\_

Veteran of the U.S. Military Service?     \_\_\_Yes     \_\_\_No     If Yes, Branch \_\_\_\_\_

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, disability or national origin.

School Name	High School	College/University	Graduate/Professional
Years Completed (Circle)	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			

Honors received: \_\_\_\_\_

Special Skills and Qualifications, including those acquired from employment or other experience: \_\_\_\_\_

**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, disability or national origin.

Employer Telephone ( )	Dates Employed		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

  

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Address	From	To	
Job Title	Hourly Rate/Salary		
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Employer Telephone ( )	Dates Employed		Work Performed
Address	From	To	
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

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

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**APPLICANT'S STATEMENT**

“These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered.”

**“I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the company is terminable-at-will so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.”**

“I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.”

“Additionally, I authorize the Company 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 Company deems appropriate.”

“The applicant understands that 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.”

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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**Authorization To Release Information**

To: \_\_\_\_\_

As an applicant for a position with Bartels Lutheran Retirement Community, I have been asked to furnish information for use in reviewing my background and qualifications. In this connection, I hereby authorize \_\_\_\_\_ to investigate my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications. I agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

This authorization shall be valid for three months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_

**Other Names Used** \_\_\_\_\_

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The applicant named above is being considered for employment as \_\_\_\_\_ with our Home. We would appreciate your recording below your experience with the applicant and returning this form to us in the enclosed self-addressed stamped envelope. The applicant has signed the above waiver authorizing you to release this information to us.

\_\_\_\_\_

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Position \_\_\_\_\_ Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Reason for termination \_\_\_\_\_

Would you re-employ? \_\_\_\_\_ If not, why? \_\_\_\_\_

What is your estimate of the applicant on the following:

Quality of work \_\_\_\_\_ Quantity of work \_\_\_\_\_

Cooperation \_\_\_\_\_ Dependability \_\_\_\_\_

Attendance \_\_\_\_\_

If there is any other information concerning this applicant which would assist us in our employment evaluation:

\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

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

ACCOUNT NUMBER \_\_\_\_\_

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

**FROM:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**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" 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**



# Request for Child and Dependent Adult Abuse Information

Persons or agencies with authorized access to child or dependent adult abuse information must use this form to request information about a child or dependent adult abuse report. **Complete a separate form for each family or individual** and email to [dhsabuseregistry@dhs.state.ia.us](mailto:dhsabuseregistry@dhs.state.ia.us), or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify your type of request by checking the appropriate box below:

- Child abuse request     
 Dependent adult abuse request     
 Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address     
 Fax     
 Email

<b>Section 1: To be completed by the person or agency requesting the information.</b>			
Requester: Last MCLEY	First AMBER	Agency Name BARTELS LUTHERAN RETIREMENT COMMUNITY	Telephone Number (319) 352-6129
Address 1922 5th AVENUE NW			Fax Number (319) 352-0760
City WAVERLY	State IA	Zip Code 50677	Email
Relationship to the persons listed in Section 2 or 3: HUMAN RESOURCES GENERALIST			
Purpose for request: POSSIBLE HIT ON BACKGROUND CHECK			
State the Iowa Code section that allows access to the child or dependent adult abuse information requested: 235B.6 and 235B.8			
I have read and understand the legal provisions for handling child or dependent adult abuse information which is printed on the second page of this form. I understand that this request will not be approved unless I have authorized access.			
Signature of Requester			Date

Complete Section 2 if the purpose of this record check is employment, licensing or registration, or payment approval.

<b>Section 2: List the name and address of the person whose record is being checked.</b>				
Last	First	Middle	Birth Date	Social Security Number
Address		City	County	State      Zip Code
List maiden name, any previous married names, and any alias:				

Complete Section 3 if the request is for a copy of the written summary of the abuse investigation or assessment.

<b>Section 3: List the name of the persons for whom you are requesting information. Attach pages for additional family members.</b>					
Last	First	Middle	County	Birth Date	Social Security #
Address			City	State	Zip Code
List maiden name, any previous married names, and any alias:					

<b>Section 4: Registry or designee decision.</b>	
<input type="checkbox"/> This request for information is approved. <input type="checkbox"/> This request for information is denied because:	
Signature of Registry or Designee	Date

## **LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

### **Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

### **Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

## **REQUESTS FOR CORRECTION OR EXPUNGEMENT OF A CHILD OR DEPENDENT ADULT ABUSE REPORT**

**To request an administrative appeal hearing of a child or dependent adult abuse report**, please submit a request in writing to: Department of Human Services, Appeals Section, 5th Fl, 1305 E Walnut St, Des Moines, Iowa 50319-0114. You will be notified in writing acknowledging receipt of your request; time, date, and place of your hearing; and any decisions regarding your request. If you disagree with this decision, the written notice will explain how you may request an administrative hearing about the report and its conclusions per Iowa Code sections 235A.19 or 235B.10.

## ACKNOWLEDGEMENT & CONSENT FORM

I hereby acknowledge that I have been advised by Bartels Lutheran Retirement Community that it conducts post-offer drug testing of all prospective employees conditionally offered employment. I further acknowledge that I have been advised that the facility's Drug-Free Workplace Policy is available for my review and inspection at any time during normal business office hours (i.e., 8:00 a.m. – 5 p.m., Monday through Friday). Finally, I acknowledge that I have been advised that my conditional job offer will be withdrawn in the event I receive a confirmed positive test result for prohibited drugs and/or a refusal to test.

I have been advised that the drugs for which I will be tested include: Cannabinoids, (ex: Marijuana, Hashish etc.) Opiates (ex: Heroin, Codeine, Morphine etc.), Cocaine (ex: Crack, Coke, etc.) Amphetamines, Methamphetamines, Phencyclidine (ex: PCP etc.) Barbiturates (ex: Phenobarbital, Seconal, Amytal, Nembutol, etc.) Benzodiazepine (ex: Valium, Librium, Restoril, Tranxene, Dalmane, etc.) Methaqualone, Methadone, Propoxyphene (ex: Darvon, etc.) I have also been advised that at the time the test is conducted, I may provide any information which I feel may be relevant to the test, including identification of prescription or nonprescription drugs, currently or recently used, or any other relevant medical information.

I hereby consent and agree to submit to such drug testing under the terms and conditions outlined in Bartels Lutheran Retirement Community's Drug-Free Workplace Policy.”

Date \_\_\_\_\_

Signed \_\_\_\_\_

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 60 DAYS.

(REVISED 09-08-16)