



Oaknoll Retirement Residence

1 Oaknoll Court, Iowa City, IA 52246

(319) 351-1720

Application for EmploymentName _____ Date _____
(First Name) (Middle Initial) (Last Name)

Cell (____) _____ - _____ Other phone (____) _____ - _____ E-mail: _____

Address: Street _____ Apt _____

City _____ State _____ Zip _____

Position applied for _____ Date available for work _____

Are you looking for full-time or part-time hours? _____

Shift preference (check all that apply):	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Mornings							
Afternoons							
Evenings							
Nights							

How did you hear about this position? _____

Are you a U.S. Citizen? _____ Yes _____ No

If "no", are you lawfully authorized to work in the United States? _____ Yes (proof required) _____ No

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

Previous Work Experience: Please give you employment record as completely as possible, starting with your present or most recent employer. Attach an additional sheet if needed. Also note the dates for any unemployed or self-employed periods.

1. Company	Supervisor's Name	Phone	Supervisor's e-mail
Dates employed: Started: Ended:	Job Title	Reason for Leaving	

May we contact this employer? ____ Yes ____ No

2. Company	Supervisor's Name	Phone	Supervisor's e-mail
Dates employed: Started: Ended:	Job Title	Reason for Leaving	

May we contact this employer? ____ Yes ____ No

3. Company	Supervisor's Name	Phone	Supervisor's e-mail
Dates employed: Started: Ended:	Job Title	Reason for Leaving	

May we contact this employer? ____ Yes ____ No

An Equal Opportunity Employer

It is Oaknoll's policy to provide equal employment opportunity to all employees and applicants for employment without regard to race, color, religion, sex, sexual orientation, national origin, disability, age, or veteran's status, and to make employment decisions consistent with this principle of equal employment opportunity.

Education:

High School:

Name and location _____

Did you graduate? _____ Yes _____ No

If no, years completed _____ or GED _____

College:

Name and location _____

Years completed _____ Did you graduate? _____ Yes _____ No Degree & major: _____

Additional schooling; accomplishments; military, vocational or other relevant training:

Relevant skills and/or experience, in addition to education or job experience:

Personal References: (Friends, Associates – Please do not use family members or previous employers.)

1. Name _____ Phone (____) _____ - _____

Address _____

2. Name _____ Phone (____) _____ - _____

Address _____

Professional References:

1. Name _____ Phone (____) _____ - _____

Address _____

2. Name _____ Phone (____) _____ - _____

Address _____

Person to be contacted in case of emergency:

Name _____ Phone (____) _____ - _____

Address _____

I understand that, by law, Oaknoll must conduct a background check for criminal conviction and adult abuse history in the State of Iowa. A Department of Human Services evaluation of the results may prohibit my employment. I further agree to any lawful testing, physical or otherwise.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Oaknoll and me for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Oaknoll unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any times and that Oaknoll retains a similar right.

I hereby give Oaknoll the right to make a thorough investigation of my past employment, education, and activities, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify Oaknoll against any liability which might result from making such investigation. I understand that any false answer or statements or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

Signature _____ Date _____