

A History of Family

4 Ohio St. Decorah, IA 52101
 Phone: (563)382-3603
 Fax: (563)382-6075

Application for Employment

Aase Haugen Senior Services is an equal opportunity Employer and Provider. It is our policy to provide equal employment opportunity to all persons, regardless of age, race, religion, color, national origin, sex, political affiliations, marital status, non-disqualifying physical or mental disability, age, sexual orientation, membership or non-membership in an employee organization, or on the basis of personal favoritism or other non-merit factors, except where otherwise provided by law.

PLEASE PRINT

Name _____
Last First Middle

Address _____
Street City State Zip Code

Phone _____
Home Cell/Mobile

Email _____

How did you hear about the job openings at Aase Haugen Senior Services?

Newspaper: _____

Online Source: _____

Now Hiring Card: _____

Word of Mouth: _____

Other: _____

Education/Training/Skills:

	School name, address	Focus of study	Graduation or completion date	Diploma, Degree or certificate received
High School				
College				
Other				
Professional Licenses/ Certifications				
Memberships/ Organizations				
Skills				
Awards/honors				

Do you feel that you are qualified for the position you are applying for? Yes _____ No _____

Will you need any equipment or accommodations to do the job for which you are applying? Yes _____ No _____

If yes, _____

Are you willing to take education, classes or further training as required to successfully fill the position? Yes _____ No _____

Work Experience:

Beginning with the most recent job, list your past three employment positions. All supervisors may be contacted for a reference.

Employer name, city, ph. # Supervisor name, title	Your job title, duties	Dates of	Reason for leaving

References:

May we obtain a reference from the employers listed above? Yes_____ No_____

Please give the name, address, phone number and/or email of three references NOT RELATED to you. Please notify them they may receive a call from our staff. **Please sign and date three reference check authorization forms supplied with this application.**

Name	Address	Phone/cell/mobile	Relationship

Employment/Citizenship Eligibility:

Are you at least 18, or can you provide proof of eligibility to work? Yes_____ No_____

Have you ever submitted an application with us before? Yes_____ No_____

Can you provide all proof of citizenship or a current work visa showing eligibility? Yes_____ No_____

Have you been convicted of a felony within the past seven years? Yes_____ No_____

If Yes, please explain_____

Do you have a record of founded child or dependent abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws under chapter 321 or equivalent provisions? Yes_____ No_____

If yes, please explain_____

Briefly note why you want to work for Aase Haugen Senior Services:

Position Desired _____
Full-time _____ Part-time _____
Shift Preferred _____ Hrs./week _____
Date Available for work _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. The Information will not be used in evaluating your application or to discriminate you in any way. However, if you choose to not finish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname. Please check all that apply.

Ethnicity/Race: Hispanic or Latino _____ Black/African American _____ Asian _____
White _____ American Indian/Alaska Native _____
Native Hawaiian/Other Pacific Islander _____
Gender: Female _____ Male _____

Military Service:

Dates of Service: _____ to _____ Branch of Service: _____
Specializes Training/Skills _____

Criminal Background Check Authorization:

Name: _____ Date of Birth: _____ SSN: _____-_____-_____
Professional License No.: _____ Position applying for: _____

Provide all other names/aliases you have ever been known by, including maiden or all married names:

Do you have knowledge, or have you ever been notified of being placed on the OIG Excluded Provider List or Excluded Parties List Service maintained by the General Services Administration? If yes, for any length of time, please specify the date and reason:

Have you ever had a professional license subject to suspension or revocation? If yes, for any length of time, please specify the date and reason:

Have you ever voluntarily relinquished your professional license? If yes, for any length of time, please specify the date and reason:

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify the above answers given are true and complete to the best of my knowledge. I understand that Aase Haugen Senior Services may investigate all statements made in this application and that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired; civil or criminal penalties as appropriate.

Signature: _____

Date: _____

Aase Haugen Senior Services Applicant Agreement

I hereby give Aase Haugen Senior Services the right to make a thorough investigation of my past health, employment, education, activities and all records pertaining thereto. I release from all liability all such persons, doctors, health organizations, companies, corporations and others supplying such information. I indemnify them and Aase Haugen Senior Services against any liability which might result from making any such inquiries or investigations initiated by my submission of this application. I understand that any false or misleading answers, statements or implications made by me in this application or other required document can result in a decision not to hire; immediate discharge if hired; civil or criminal penalties as appropriate.

Additionally, I understand that nothing contained in this application or in the granting of an interview is intended to create an employment or benefit contract of any sort between myself and Aase Haugen Senior Services. No promises regarding employment, shifts, positions or full or part-time status have been made to me.

If an employment relationship is established, I understand that I have the right to terminate my employment for any reason at any time and that Aase Haugen Senior Services retains the right to terminate my employment for any reason at any time.

If employed, I will be required to complete and Employment verification form (I-9), and show satisfactory evidence of identity and employment eligibility. I also agree to undergo a post-offer physical examination, Tuberculosis Test and Criminal Background Check. I realize that my employment is contingent upon satisfactorily passing the above-mentioned investigations and exams according to standards established by Aase Haugen Senior Services.

Applicant's Signature_____

Date_____

For Administration Only—DO NOT write in this section.

Background check results:_____ Received:_____ Staff initials:_____

Interviewed by:_____ Dept.:_____ Date:_____

For Position:_____ Tentative Status:_____ Tentative Shift:_____

Remarks:_____

Hired: Yes_____ No_____ Supervisor:_____

Pay:_____/hour Badge #:_____

Physical Date:_____ TB Date (given/read):_____/_____ Gen. Orientation Date:_____

Dept. Orientation Date(s):_____ Nametag Ordered Date:_____

Comments:_____



4 Ohio St., Decorah, IA
(563)382-3603 fax(563)382-6075
www.aasehaugen.com ask.us@aasehaugen.com



Name _____ Phone Number: _____ you were listed as a reference for _____ currently seeking employment with Aase Haugen Senior Services. Please fill out the information below to the best of your ability.

The information furnished will be kept strictly confidential.

What is your relationship to the applicant? Please put the # of years known.

Friend _____ Family Member _____ Co-Worker _____

Student _____ Other _____

Please rate the applicant on the following manner: Circle all that apply.

<u>Ability to work with others</u>	<u>Organization</u>	<u>Reliability</u>	<u>Personality</u>
Excellent	Excellent	Excellent	Excellent
Good	Good	Good	Good
Fair	Fair	Fair	Fair
Poor	Poor	Poor	Poor
Not Sure	Not Sure	Not Sure	Not Sure

Please rate work experience: Check all that apply.

Has experience working with the elderly? Yes _____ NO _____

Attitude in the workplace. Excellent _____ Fair _____ poor _____

Ability to get along well with others. Excellent _____ Good _____ Critical _____ Negative _____

Ability to Multi-Task. Excellent _____ Good _____ Fair _____ Poor _____

Supervision Needed _____ works well alone _____

Would you re-hire this person? (if coworker).

Comments: _____

By signing below you are giving Aase Haugen Senior Services permission to contact your references and answer above questions.

Applicant Signature _____ Interviewer Signature _____

Date _____



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