

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:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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(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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