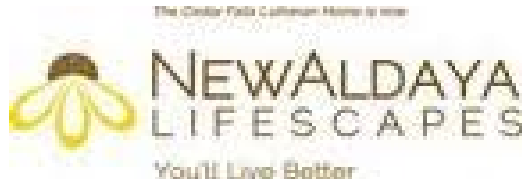


NewAldaya Lifescapes
 7511 University Avenue
 Cedar Falls, IA 50613



CONFIDENTIAL

This institution does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex or ancestry or on the basis of age or physical or mental handicap unrelated to ability to perform in the work required. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, however this receipt does not imply that the applicant will be employed.

PERSONAL INFORMATION	Date of Application _____	Date Available _____
-----------------------------	---------------------------	----------------------

NAME _____

Last First Middle

Social Security Number _____

Present Address _____

Street City State Zip Code

Phone Number _____

Permanent Address (if different than Present Address) _____

Street City State Zip Code

Phone Number _____

If you cannot be reached at the above number, where may we reach you? _____

Name of Person _____ Phone Number _____

Relationship _____

Are you a citizen of the U.S.A.? Yes No If no, type of Visa _____

Immig. No. _____

EMPLOYMENT DESIRED	Will you accept employment of : Full Time? _____ Part Time? _____
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Department Choices: Nursing, Dietary, Housekeeping/Laundry, Assisted Living (non-certified), Other (please list)

	Desired Department	Shift	Salary
First Choice			
Second Choice			
Third Choice			

Are you Employed now? _____

May we contact your present employer? _____

If No, why? _____

Are you 18 Yrs of Age or Older? _____

How did you hear of this opening? _____

Are you 16 Yrs of Age or Older? _____

If under 18, you may be required to provide Certificate of Age to work.

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS	VERIF
--	--------------

Type	Organization or State Issued	Date Issued	Number	

EDUCATION

Circle Highest Grade Completed
8 9 10 11 12 13 14 15 16

Scholastic Honors Received _____

	NAME OF SCHOOL	Location (City & State)	Courses Taken	Diploma, Degree or Certificate Received
Grammar or Grade School				
High School				
College				
Vocational or Business				
Nursing Education				
Laboratory or X-Ray Training				

Extracurricular Activities in school _____

Member of Prof. Organizations _____

Honors Received, Volunteer or Community _____

Services or Other Qualifications You Have _____

Which You Feel Are Related to the _____

Position for Which You are Applying: _____

Have You Ever Been in the U.S. Armed Forces? _____ What Is Your Present Selective Service Classification? _____ Presently a Member of Reserves or National Guard? _____ If so, When is Your Enlistment Up? _____

EMPLOYMENT RECORD

(List Last or Present Position First)

Present and Former Employers	Dates Employed	Salary Range	Positions & Duties	Reason for Leaving
Name _____ Address _____ Supervisor's Name _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____		
Name _____ Address _____ Supervisor's Name _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____		
Name _____ Address _____ Supervisor's Name _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____		
Name _____ Address _____ Supervisor's Name _____ Phone: _____	From: _____ To: _____	Starting: _____ Ending: _____		

Please explain all periods of Unemployment: _____

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

Are you on or ever been included in the Medicare (OIG) Exclusionary List? ____ Yes ____ No

Please give us two personal references not related to you, whom you have known for at least one year. _____

If your former employment references, education or military service are under a name other than indicated above, please indicate below.

Last First Middle Initial

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the pre-employment physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate.

I understand that I will be required to follow the personnel policies and rules of the institution and that infractions of said rules may lead to dismissal. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

I further understand that this institution follows the "fair employment practice code" and there is no discrimination in the hiring of individuals based on sex, race, religion, age or physical or mental handicap unrelated to the ability to perform the work required.

I understand that if I am employed it will be on a probationary or trial basis for a period of _____ days. Upon my termination I authorize the release of reference information on my work.

_____ DATE _____ APPLICANT SIGNATURE

AVAILABILITY RECORD

Primary position desired: _____

Will you accept another position? _____ Yes _____ No
If so, what? _____

Are you available to work: Weekends? _____ Yes _____ No
Holidays? _____ Yes _____ No
Rotating Shifts? _____ Yes _____ No

Do you have responsibilities that would limit your availability?
_____ Yes _____ No If yes, Explain _____

Do you limit your annual earnings due to Social Security or other reasons? _____ Yes _____ No
If yes, please state what is the maximum amount you wish to earn

**PLEASE INDICATE DAYS AND HOURS YOU ARE AVAILABLE TO WORK
(BE SPECIFIC)**

DAY	FROM	TO
SUNDAY	A.M.	A.M.
	P.M.	P.M.
MONDAY	A.M.	A.M.
	P.M.	P.M.
TUESDAY	A.M.	A.M.
	P.M.	P.M.
WEDNESDAY	A.M.	A.M.
	P.M.	P.M.
THURSDAY	A.M.	A.M.
	P.M.	P.M.
FRIDAY	A.M.	A.M.
	P.M.	P.M.
SATURDAY	A.M.	A.M.
	P.M.	P.M.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

Applicant Signature _____ Date _____

DO NOT ANSWER QUESTIONS IN SHADED AREA - TO BE COMPLETED AFTER EMPLOYED

Date of Birth _____ Marital Status _____ Sex _____ Nationality _____
Number and ages of children: _____
List nature of disability (if any): _____
Who should we notify in cases of emergency: _____

THIS PAGE FOR INSTITUTION AND INTERVIEWER'S USE ONLY

INTERVIEWER	DATE	COMMENTS

REFERENCE AND PRIOR EMPLOYMENT CHECK

INDIVIDUAL CONTACTED	NAME OF FIRM	RESULTS OF CHECK

FOR PERSONNEL OFFICE USE

Hired _____ For what department _____ Position _____

Salary _____ per Year, Month, Hour Starting Date _____

Each applicant **must** fill out one of these forms. If you have had more than one last name (i.e. you have been married) you must fill out one of these forms for each last name.

Sign at the bottom as your name is now.

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

ACCOUNT NUMBER : 7010

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: Cedar Falls Lutheran Home
7511 University Avenue
Cedar Falls, Iowa 50613
(319) 268-0401
(319) 268-0040 (fax)

I am requesting an Iowa Criminal History Check on:

(Type/Print Legibly)		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">REQUEST</div>		
Last Name (mandatory)	First Name (mandatory)	Middle Name (mandatory)
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

<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">RESULTS</div>	
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

Each applicant **must** fill out one of these forms. If you have had more than one last name (i.e. you have been married) you must fill out one of these forms for each last name.

Sign at the bottom as your name is now.

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

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TO: Iowa Division of Criminal Investigation
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FROM: Cedar Falls Lutheran Home
7511 University Avenue
Cedar Falls, Iowa 50613
(319) 268-0401
(319) 268-0040 (fax)

I am requesting an Iowa Criminal History Check on:

(Type/Print Legibly)		
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px;">REQUEST</div>		
Last Name (mandatory)	First Name (mandatory)	Middle Name (mandatory)
Date of Birth (mandatory)	Sex (mandatory)	Social Security Number (mandatory)
<hr style="border: 1px solid black; width: 80%; margin: 0 auto;"/> Signature of Requester		

There is a separate Form "C" required for each last name submitted

DCI USE ONLY

<div style="border: 1px solid black; display: inline-block; padding: 5px 20px;">RESULTS</div>	
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