

EMPLOYMENT APPLICATION



A PARTNERSHIP
 UNITY POINT-ST. LUKE'S HOSPITAL • MERCY MEDICAL CENTER • PHYSICIANS' CLINIC OF IOWA

EASTERN IOWA SLEEP CENTER

600

600 7th STREET SE • CEDAR RAPIDS, IA 52401 • EISLEEP.COM
 PHONE 319.362.4433 • TOLL FREE 877.361.4433 • FAX 319.362.4466

PERSONAL INFORMATION

Name (last, first, middle)	Telephone Number (How can we contact you?)
Address	Email address
City, State, Zip Code	What is the best way to contact you?

Position applying for:

Are you legally authorized to work in the United States? Yes No
 If yes, please provide your Social Security number. _____ - _____ - _____

Are you applying for: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PRN	What shift(s) will you work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends
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EMPLOYMENT HISTORY- BEGIN WITH MOST RECENT EMPLOYMENT

Dates From:	To:	Company Name	City, State
Title & Duties			
Reason for Leaving		Supervisor's Name	Telephone number
Salary start _____ Salary end _____		Supervisor email _____	
Dates From:	To:	Company Name	City, State
Title & Duties			
Reason for Leaving		Supervisor's Name	Telephone number
Salary start _____ Salary end _____		Supervisor email _____	

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EMPLOYMENT HISTORY (CONTINUED)

Dates	Company Name	City, State	
From:	To:		
Title & Duties			
Reason for Leaving		Supervisor's Name	Telephone number
Salary start _____		Salary end _____	Supervisors _____

EDUCATION

School	Name & Location	Course of Study	No. of years completed	Did you graduate?	Degree or diploma
College/ University				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Specialized Courses & Training				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	

PROFESSIONAL LICENSES/CERTIFICATIONS

Type	License/Certification #	State Issued	Date Issued	Expiration Date

Has your professional license/certification ever been under investigation, suspended, revoked in this state or any other?

Yes No

If yes, please explain.

REFERENCES- LIST THE NAMES OF THREE PROFESSIONALS NOT RELATED TO YOU.

Name	Business/Occupation	Email	Telephone	Years known

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CRIMINAL/ABUSE HISTORY- The existence of a criminal history will not automatically disqualify an applicant from employment. The circumstances may be considered in relation to the nature and duties of the job for which you apply. *Failure to disclose will result in disqualification of employment.*

Do you have a record of founded child or dependent adult abuse in this state or any other state?

Yes No

If yes, please explain.

Have you ever been convicted of a crime in this state or any other state?

Yes No

If yes, please explain.

Have you ever been excluded from or been served with an exclusionary notice from any governmental programs, i.e. Medicare?

Yes No

If yes, please explain.

The Eastern Iowa Sleep Center (EISC) is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, citizenship, disability, veteran status, sexual orientation, or any other basis prohibited by law. EISC will comply with any legal obligation to provide reasonable accommodation to qualified individuals with disabilities. EISC is a part of a Tobacco-Free Workplace. Tobacco is prohibited on the Mercy 600 Medical Park campus, which includes the Eastern Iowa Sleep Center facility.

By signing below, I certify that misrepresentation or omissions in this application or in other information I give to the EISC orally or in writing may be cause for rejection or may be cause for subsequent dismissal if I am hired. I voluntarily authorize the EISC to make investigations of my person, employment, and other related matters as may be necessary in arriving at any employment decision or verifying information related to my application.

I hereby release from all liability all persons or entities supplying or collecting such information. If I am offered employment, I understand that the offer is contingent on the outcome of any investigations or reference check satisfactory to the EISC. If I am employed, I understand that I may be required to sign agreements regarding confidentiality and regarding secrecy of communications and inventions, discoveries, or developments that I make, discover or develop during my employment with the EISC.

I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

If I am employed, I understand that unless I have a specific written contract of employment signed by an EISC authority representing EISC Human Resources, my employment is "at will" and for no definite period of time. Either EISC or I may terminate my employment at any time, with or without cause and with or without notice. I further understand that my employment is at will regardless of any statement made by an EISC agent or employee or in an EISC policy, practice, handbook, program, or any other written or oral materials. I understand that no representative of EISC other than an authority representing EISC Human Resources, has the authority to make arrangements with me concerning the length of my employment. Such agreements must be in writing and signed by the authority representing Human Resources of the EISC.

Applicant signature

Date

Rev. 07/2015