

**CRAWFORD COUNTY HOME HEALTH, HOSPICE & PUBLIC HEALTH**

105 N. Main Street, Courthouse Annex

Denison, IA 51442

712-263-3303

**APPLICATION**

NAME (Last, first & middle initial)		POSITION APPLYING FOR:
ADDRESS: (Include Street, City, State & Zip Code)		ARE YOU A MILITARY VETERAN? Yes _____ No _____
PHONE NUMBER:	SOCIAL SECURITY NUMBER:	ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? Yes _____ No _____

**EDUCATION**

Type of School	Name of School	City and State	Circle Number of Years Completed	Degree Earned
High School			9 10 11 12	
College			1 2 3 4	
Other			1 2 3 4	

**EMPLOYMENT HISTORY**

**BEGIN WITH MOST RECENT JOB. PLEASE FILL OUT THIS SECTION CAREFULLY AND COMPLETELY  
EMPLOYMENT HISTORY**

COMPANY NAME	Date Started	Date Left	Rate of Pay	Job Title
COMPANY ADDRESS (CITY, STATE & ZIP CODE)	DESCRIBE JOB DUTIES: _____ _____ _____			
REASON FOR LEAVING:	_____ _____ _____			

COMPANY NAME	Date Started	Date Left	Rate of Pay	Job Title
COMPANY ADDRESS (CITY, STATE & ZIP CODE)	DESCRIBE JOB DUTIES: _____ _____ _____			
REASON FOR LEAVING:	_____ _____ _____			

**EMPLOYMENT HISTORY CONTINUED**

COMPANY NAME	Date Started	Date Left	Rate of Pay	Job Title				
COMPANY ADDRESS (CITY, STATE & ZIP CODE)	DESCRIBE JOB DUTIES: _____ _____ _____							
REASON FOR LEAVING:					_____ _____ _____			

May we contact your present employer?    Yes        No  
 May we contact your former employers?    Yes        No  
 Do you possess a valid driver's license?    Yes        No

Is there any other information you want to share about yourself?

\_\_\_\_\_  
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**BE SURE TO READ THIS STATEMENT BEFORE SIGNING**

I HEREBY CERTIFY, that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

FURTHERMORE:

- |  |   |
|--|---|
| 1. I aware that all statements submitted on this application are subject to investigation and verification.  | 3. I agree to provide, upon request of the Employer, written releases and waivers of confidentiality should any former employer or school require such a release.   |
| 2. I authorize the persons, schools law enforcement agencies and other organizations or employers named in application to provide information requested by the Employer in its processing of this application. | 4. I understand that any withholding of information or misrepresentation ON application or on Employer medical forms could result in rejection FOR employment, or if employed, termination from the Employer. |

SIGN HERE IN INK: \_\_\_\_\_

DATE: \_\_\_\_\_

**CRAWFORD COUNTY HOME HEALTH, HOSPICE & PUBLIC HEALTH IS AN EQUAL OPPORTUNITY EMPLOYER**

Prospective employees will receive consideration without discrimination because of race, creed, color, religion, political affiliation, national origin, sex, age, physical or mental disability, testing positive for human immune deficiency virus, sexual orientation or veteran status.

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**REFERENCES**

Please submit the name, position, address, and telephone number of three (3) individuals who know you in a professional capacity, such as recent past employers.

(1) \_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Street Address, City, State & Zip Code) (Telephone Number)

(2) \_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Street Address, City, State & Zip Code) (Telephone Number)

(3) \_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Street Address, City, State & Zip Code) (Telephone Number)

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**APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION**

(Read carefully before signing)

I hereby authorize the above-named individuals to furnish to the Crawford County Home Health, Hospice & Public Health representatives/local Board of Health/Agency Administrator with information concerning my education and experience, my reasons for leaving employment, together with any and all information concerning me whether on record or not. I agree to release and hold harmless the above-named individuals from liability for any damages whatsoever for issuing such information.

I acknowledge and authorize the usage of xerox copies of this release to be the same as original when submitted to the above-named individuals.

Dated \_\_\_\_\_ Signature \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Crawford County Home Health, Hospice & Public Health is dedicated to equal employment. Prospective employees will receive consideration without discrimination because of race, creed, color, religion, political affiliation, national origin, sex, age, physical or mental disability, testing positive for human immune deficiency virus, sexual orientation or veteran status.