

EMPLOYMENT APPLICATION



A PARTNERSHIP ST. LUKE'S HOSPITAL • MERCY MEDICAL CENTER • PCI

EASTERN IOWA SLEEP CENTER

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

EMPLOYMENT APPLICATION

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

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

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EMPLOYMENT HISTORY (CONTINUED)

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

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	Address	Business/ Occupation	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. The EISC will comply with any legal obligation to provide reasonable accommodation to qualified individuals with disabilities. Pre-employment drug test may be required. The EISC is a part of a Tobacco-Free Workplace. Tobacco is prohibited on the Physicians' Clinic of Iowa 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.

In accordance with the EISC policy to maintain a drug-free workplace, employees may be subject to drug testing throughout their employment in accordance with the law. I hereby agree to drug testing as required by EISC policy and release EISC from all liability arising from such testing. I understand that my employment may be contingent upon negative pre-employment drug test results.

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. I understand that the entire Physicians' Clinic of Iowa campuses (which includes the EISC) are tobacco free and that I may not use tobacco products on the Physicians' Clinic of Iowa property.

If I am employed, I understand that unless I have a specific written contract of employment signed by the Chairman of the Board of Directors or the Executive Director of EISC, 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 the Chairman of the Board of Directors or the Executive Director has the authority to make arrangements with me concerning the length of my employment. Such agreements must be in writing and signed by the Chairman of the Board of Directors or the Executive Director of the EISC.

Applicant signature

Date