



An Avera Affiliate

This institution is an equal opportunity provider and employer. We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status.

Hegg Health Center is committed to providing access and reasonable accommodation in its services, programs, activities and employment for individuals with disabilities. To request disability accommodation in the application process, contact Human Resources at 712-476-8000.

Instructions to Applicant

- You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Hegg Health Center may use the information provided in the application to investigate the applicant's previous employment and background.
- If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

Positions Applied For: (1) _____ (2) _____

PERSONAL				
Name:	First	Middle	Last	
Address:	Street	City	State	Zip Code
Social Security Number		Telephone Number	Cell Phone	
Email Address			Date Available for Employment	
Desired Hours				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

PROFESSIONAL		
Current Professional License/Certification (Type)	State	Number
Have you ever had any action taken against your professional license?		

EDUCATIONAL						
TYPE	NAME OF SCHOOL	ADDRESS	DID YOU GRADUATE	TYPE OF DEGREE	FIELD OF STUDY	CURRENT ATTENDING
High School						

EMPLOYMENT HISTORY

List all previous employment starting with your most recent position.

Name of Company	Job Title	Last Salary	Reason for Leaving
Address: Street City State Zip	Job Duties and Responsibilities	Employed From Employed To <input type="checkbox"/> Currently Employed	
Supervisor's Name		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Email		

Name of Company	Job Title	Last Salary	Reason for Leaving
Address: Street City State Zip	Job Duties and Responsibilities	Employed From Employed To <input type="checkbox"/> Currently Employed	
Supervisor's Name		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Email		

Name of Company	Job Title	Last Salary	Reason for Leaving
Address: Street City State Zip	Job Duties and Responsibilities	Employed From Employed To <input type="checkbox"/> Currently Employed	
Supervisor's Name		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone	Email		

Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

VOLUNTEER

List areas of expertise from volunteer assignments.

REFERENCES

SCHOOL OR PERSONAL REFERENCES WHICH WE MAY CONTACT (do not list relatives)

Name	Email	Occupation
	Phone	
Name	Email	Occupation
	Phone	
Name	Email	Occupation
	Phone	

GENERAL INFORMATION

An application blank may make it difficult for you to adequately summarize your background. Describe your full qualification for employment or future promotion. You may also include a copy of your resume.

GENERAL INFORMATION

Who referred you to this facility?

Employee (name) _____ Hegg Website/Advertisement Other:

Are you at least 16 years of age? Yes No (Hire is subject to verification that you are of minimum legal age.)

Have you ever been convicted of a felony? Yes No (A conviction does not necessarily bar you from employment)

If yes, please explain? _____

Have you ever been employed by an Avera facility?
 Have you ever volunteered at an Avera facility?
 Have you ever completed an internship at an Avera facility?

Have you ever received a scholarship from an Avera facility?
 Have you ever completed clinicals at an Avera facility?

Have you ever been employed at Hegg Health Center? Yes No If so, when? _____

Please answer the question below as per an Iowa statutory requirement.

Do you have a record in any state of founded child or dependent adult abuse or have you ever been convicted of a crime, other than a simple misdemeanor relating to motor vehicles and laws of the road (or equivalent provisions)? Yes No

SMOKING, ALCOHOL, AND DRUG FREE WORKPLACE

Our policy is to promote and provide a safe and healthy environment for our patients, residents, employees, physicians, students, volunteers and visitors. Therefore, we disallow the use of all tobacco products and regulate smoking within our campus. Additionally, we prohibit the use of illegal drugs and alcohol.

Check one: I smoke I do not smoke

If employed, will you uphold the hospital smoking policy: Yes No

If employed, will you uphold the Alcohol/Drug Free Workplace policy: Yes No

APPLICANT'S STATEMENT

I hereby give Hegg Health Center the right to investigate my past employment, education and activities. I release from all liability all persons, companies and corporations who supply such information. I indemnify Hegg Health Center against liability that might result from such an investigation. I understand that any false answer or statements or implications I make in this application or in any other required document shall be considered sufficient cause to deny employment or discharge if already employed.

I also understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between Hegg Health Center and myself for employment or for any benefit. I have received no promise regarding employment, and I understand that no such guarantee is binding on Hegg Health Center unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Hegg Health Center has a similar right.

I consent to take a post-offer, pre-employment physical examination, including lab work and such future physical examinations/lab work as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

If hired at Hegg Health Center, prior to my first day, I will verify that I am either a U.S. citizen or a legal resident foreign national.

Date _____ Applicants Signature _____

Parental Consent for Minors _____

**IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
FORM C**

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515) 281-5138 (voice - days)
(515) 281-4776 (voice - evenings)

FROM: Hegg Health Center
1202 21 st Ave.
Rock Valley, IA 51247
(712) 476-8000
(712) 476-8024 (fax)
Account #: 8329-3

(TYPE OR PRINT LEGIBLY)

REQUEST

Last Name
(mandatory)

First Name
(mandatory)

Middle Name
(mandatory)

Provide all other names or aliases you have ever previously been known by, including but not limited to nicknames, maiden names and other married names:

____/____/_____
Date of Birth
(mandatory)

Sex
(mandatory)

____/____/_____
Social Security Number
(mandatory)

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history and dependent adult abuse check with the Division of Criminal Investigation.

Signature

Date



HEGG
Health Center

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EMPLOYEE SELF IDENTIFICATION FOR AFFIRMATIVE ACTION PROGRAMS

Date _____ Position(s) Applied For _____

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability.

We comply with government regulations and affirmative action responsibilities. To help us comply with government record keeping and reporting requirements, please fill out the appropriate information. We appreciate your cooperation. Completion of this form is voluntary and the information provided will not be used or reviewed as part of your employment application.

Please Print

Name _____ Phone _____
First Middle Last

Address _____
Street City State Zip

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of any information is voluntary.

Check One: Male Female

Check One: Race/Ethnic Group White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following apply:

Veteran of the Vietnam Era (served on active duty for a period of more than 180 days between August 5, 1964 and May 7, 1975; and discharged with other than dishonorable discharge).

Disabled Veteran Active duty service from _____ to _____

Type of disability _____

Disability rating _____%

Qualified Handicapped Individual

Type of disability _____