

# Solon RETIREMENT VILLAGE

INDEPENDENT & ASSISTED LIVING - NURSING & MEMORY CARE

Solon Nursing Care Center  
523 E. 5<sup>th</sup> St.  
Solon, IA 52333  
319-624-3492

Solon Assisted Living  
623 E. 5<sup>th</sup> St.  
Solon, IA 52333  
319-624-5353

Solon Retirement Village is an Equal Opportunity Employer.  
Auxiliary aids and services available upon request to individuals with disabilities.

Were you referred by someone?  Yes  No If so whom? \_\_\_\_\_

## PERSONAL

EMAIL: \_\_\_\_\_

Full Name: \_\_\_\_\_

First Middle Initial Last

Current Address: \_\_\_\_\_

Number Street City State Zip Code

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever been known by any other name (names) that this facility will require to verify any of the information on this application?  Yes  No if yes, please list ALL names used: \_\_\_\_\_

Have you ever been convicted of a crime in this state or any other state?  Yes  No Explain: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Are you legally able to work in the U.S.?  Yes  No

Are you a military Veteran?  Yes  No If yes, dates of Active Duty: \_\_\_\_\_ to \_\_\_\_\_

## EMPLOYMENT DESIRED

Job Title: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Wage desired: \_\_\_\_\_

Professional License Number: \_\_\_\_\_ Expiration Date of License: \_\_\_\_\_

Are you available for work:  Full-Time  Part-Time  Seasonal

Are you able to meet the attendance requirements of the position?  Yes  No

## EDUCATION

Do you have a High School Diploma or GED?  Yes  No

Name of last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Check the highest degree earned:  High School  GED  Associates  Bachelors  Graduate  Other

Area of concentration and/or degree(s), certificates, license, endorsements: \_\_\_\_\_

Other training or skills (factory or office machines operated, special courses, etc.): \_\_\_\_\_

# EMPLOYMENT HISTORY

Former Employment (List employers, starting with the most current or most recent. Explain all gaps in time of employment.)

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Number Street City State Zip Code

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Former Employment (List employers, starting with the most current or most recent. Explain all gaps in time of employment.)

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Number Street City State Zip Code

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Former Employment (List employers, starting with the most current or most recent. Explain all gaps in time of employment.)

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Number Street City State Zip Code

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present employers to verify this information?  Yes  No

May we contact your former employers to verify this information?  Yes  No

Please provide any additional information about your abilities or interests that make you a good candidate for this position and why you chose our facility:

Federal and state law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran status.

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.

Signature: \_\_\_\_\_

Facility: Solon Retirement Village Today's Date: \_\_\_\_\_

**New Employee or Change of Employee Information Worksheet**

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Prof. License #/State: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ EMP#: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

Current City: \_\_\_\_\_ Current State: \_\_\_\_\_ Current Zip \_\_\_\_\_

**Pursuant to federal law, health care providers are prohibited from employing individuals who have been placed on the OIG Exclusion List maintained by the Office of the Inspector General of the United States or the SAM.gov EPLS List. Employers have a continued obligation to periodically check whether employees have been placed on these lists and must maintain current information regarding the identification of their employees.**

Have you ever been known by another legal last name? Y N If so, list all other legal last names: \_\_\_\_\_

Do you go by a different first name, other than your legal name? Y N If so, list all other legal first names: \_\_\_\_\_

Have you worked in any other states? If so, where and when? \_\_\_\_\_

Do you have knowledge of being placed on the OIG Exclusion List? Y N If so, when? \_\_\_\_\_  
Please explain if you answered yes: \_\_\_\_\_

Have you ever had a professional license subject to suspension or revocation? Please explain: \_\_\_\_\_

Have you ever voluntarily relinquished your professional license? Please explain: \_\_\_\_\_

**Please read carefully before signing: I certify that the above information provided is true and complete to the best of my knowledge. I understand that the Facility may investigate all statements made in this document and that any false or misleading information I have provided can result in a decision to immediately discharge or lead to civil or criminal penalties as appropriate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuserregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry, Dependent Adult Abuse Registry, Both

Please specify your preferred method of response by checking a box and completing the information in Section 1.

- Address, Fax, Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last (MATT), First (Carla), Agency Name (Solon Retirement Village), Telephone Number (319) 624-3492, Address (523 E 5th ST), Fax Number (319) 624-2994, City (Solon), State (IA), Zip Code (52333), Email (humanresources@solonretirementvillage.com)

List the name and address of the person whose information is being requested:

Table with columns: Name (last, first, middle), Birth Date, Social Security Number, Address, City, County, State, Zip Code

List maiden name, previous married names, and any alias:

What is the purpose of your request for child or dependent adult abuse information?

I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.

Signature of Requestor (Carla Matt), Date

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing, Date

Section 3: To be completed by the Central Abuse Registry or designee.

- Checkboxes for: The person whose information is being requested is listed on the Child Abuse Registry as having abused a child, The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child, The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult, The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult, This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee, Date

Comments



## **LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION**

### **Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)**

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

### **Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)**

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

**To: Iowa Division of Criminal Investigation**  
**Support Operations Bureau, 1<sup>st</sup> Floor**  
**215 E. 7<sup>th</sup> Street**  
**Des Moines, Iowa 50319**  
**(515) 725-6066**  
**(515) 725-6080 Fax**

**From:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Waiver Information:** Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

**Waiver Release:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

**Waiver Signature** \_\_\_\_\_

<b><u>Iowa Criminal History Record Check Results</u></b>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials	

### Waiver Information:

Iowa law does *not* require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, without a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

### General Information:

The information requested is based on name and exact date of birth only. Without fingerprints, a positive identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) only. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a deferred judgment *is not* considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A deferred sentence *is* a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.





**Solon**  
**RETIREMENT VILLAGE**  
 INDEPENDENT & ASSISTED LIVING - NURSING & MEMORY CARE

**For Employee:**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
 Previous Employer/Business Name

\_\_\_\_\_  
 Address & Phone Number

I, \_\_\_\_\_, Social Security # \_\_\_\_\_ am applying to Solon Retirement Village for a position as \_\_\_\_\_. I worked for you from \_\_\_\_\_ to \_\_\_\_\_. I authorize you to furnish the information requested below.

**AUTHORIZATION TO OBTAIN INFORMATION**

The undersigned hereby authorizes Solon Retirement Village to obtain information from past employers pursuant to the Solon Retirement Village application for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Previous Employer:**

Could you please verify the dates of employment for the above listed applicant as from \_\_\_\_\_ to \_\_\_\_\_?

Please rate the applicant's job performance while in your employ.

Performance Area	Good	Satisfactory	Poor
Reliability			
Competency			
Honesty			
Personal Habits			

Would you hire this person again? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

We appreciate your time and attention to this request.

# Solon

## RETIREMENT VILLAGE

INDEPENDENT & ASSISTED LIVING - NURSING & MEMORY CARE

**For Employee:**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
 Previous Employer/Business Name

\_\_\_\_\_  
 Address & Phone Number

I, \_\_\_\_\_, Social Security # \_\_\_\_\_ am applying to Solon Retirement Village for a position as \_\_\_\_\_. I worked for you from \_\_\_\_\_ to \_\_\_\_\_. I authorize you to furnish the information requested below.

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Please rate the applicant's job performance while in your employ.

Performance Area	Good	Satisfactory	Poor
Reliability			
Competency			
Honesty			
Personal Habits			

Would you hire this person again? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

We appreciate your time and attention to this request.