



**Glen Haven Home, Inc.**

LINNWOOD ESTATES | GLEN HAVEN VILLAGE

## Application for Employment

(Please Print)

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position applied for: \_\_\_\_\_

Email address: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Name: \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_, \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Please provide all the names that you have used in the past including maiden names, married name, and/or aliases:

\_\_\_\_\_

Are you at least 16 years of age? \_\_\_\_ Yes \_\_\_\_ No Are you at least 18 years of age? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been employed here before? \_\_\_\_ Yes \_\_\_\_ No If yes, provide the dates:

\_\_\_\_\_

Are you employed now? \_\_\_\_ Yes \_\_\_\_ No May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

Can you, if hired, submit verification of your legal right to work in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity compliance with the Immigration Reform and Control Act of 1986 and all applicable regulations. While you need not provide this proof of legal status at the time you are interviewed, you will be required to do so after hire.

On what date would you be available to start work? \_\_\_\_\_ Expected salary per hour: \_\_\_\_\_

Are you available to work: \_\_\_\_ Full Time \_\_\_\_ Part-time \_\_\_\_ PRN (As Needed)

What days are you available to work? \_\_\_\_ Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun

What shifts are you interested in?

**Nursing shifts:** \_\_\_\_ 6pm-10pm \_\_\_\_ 2pm-10pm \_\_\_\_ 6am-6pm \_\_\_\_ 6pm-6am

**Dietary shifts:** \_\_\_\_ 7am-3pm \_\_\_\_ 3pm-7pm \_\_\_\_ 7am-7pm

Are you on a layoff and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

Do you have a record of founded Child or Dependent Adult abuse? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions in this state or any other state? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

Are there currently any criminal charges pending involving you, or are you under investigation for child or dependent adult abuse? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

**Have you ever been or are you currently excluded or debarred from participation in any Federal or State healthcare program, including Medicare or Medicaid? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:**

**Have you ever had a professional license (including nursing, administrator, physician, therapy, social worker, dietician) that was revoked, suspended, or voluntarily relinquished? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:**

### **EDUCATION**

School Name	Elementary					High School				College/University				Graduate/Professional			
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
(enter year completed)																	
Diploma/Degree																	
Describe Course of Study:																	

Do you hold any current licensure, registration, or certification? \_\_\_\_ Yes \_\_\_\_ No If yes, list:

Have you ever had any disciplinary action taken against your license, including as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

Do you have any educational honors, extra-curricular activities, a member of professional societies or other information that you believe is related to your ability to perform the position for which you are applying and your application for employment? \_\_\_\_ Yes \_\_\_\_ No If yes, list:

Do you have any special skills and qualifications, including those acquired from employment or other experience? If yes, please list:

### **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and/or volunteer activities. Account for all periods of unemployment.

<b>Employer</b>	<b>Telephone</b>	<b>Dates Employed</b>		<b>Work performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Job title</b>		<b>Hourly rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Supervisor</b>				
<b>Reason for leaving</b>				
<b>Employer</b>	<b>Telephone</b>	<b>Dates Employed</b>		<b>Work performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Job title</b>		<b>Hourly rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Supervisor</b>				
<b>Reason for leaving</b>				
<b>Employer</b>	<b>Telephone</b>	<b>Dates Employed</b>		<b>Work performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Job title</b>		<b>Hourly rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Supervisor</b>				
<b>Reason for leaving</b>				
<b>Employer</b>	<b>Telephone</b>	<b>Dates Employed</b>		<b>Work performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Job title</b>		<b>Hourly rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Supervisor</b>				
<b>Reason for leaving</b>				
<b>Employer</b>	<b>Telephone</b>	<b>Dates Employed</b>		<b>Work performed</b>
		<b>From</b>	<b>To</b>	
<b>Address</b>				
<b>Job title</b>		<b>Hourly rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
<b>Supervisor</b>				
<b>Reason for leaving</b>				

If additional space is needed, please continue on a separate sheet of paper or below. State any additional information you feel may be helpful to us in considering your application.

**REFERENCES**

List three employment related references who are not relatives.

Name and Relationship	Title	Company Name and Address	Telephone

**APPLICANT'S STATEMENT****PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this Application. The facility is required by law to check for any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire; immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application I state that I have received a copy of the Job Description for all jobs for which I have applied. I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I

understand that the failure to fulfill any aspect of the job may result in termination. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment and that a health screening for diseases, such as TB, is required.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the facility is terminable at will; that I have the right to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

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Signature of Applicant

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Witness

State of Iowa  
NON-LAW ENFORCEMENT RECORD CHECK REQUEST  
FORM A

ACCOUNT NUMBER      DHS

TO: Iowa Division of Criminal  
Investigation  
Bureau of Identification, 1st Floor  
215 E 7th Street  
Des Moines, Iowa 50319  
(515) 281-4776  
(515) 725-6080 (fax)

FROM: **Glen Haven Village**  
**133 Indian Hills Dr.**  
**Glenwood, IA 51534**  
  
Phone: 712-302-9016  
Fax #: 712-302-9017

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

**REQUEST**

\_\_\_\_\_  
**Last Name**  
(mandatory)

\_\_\_\_\_  
**First Name**  
(mandatory)

\_\_\_\_\_  
**Middle Name**  
(recommended)

\_\_\_\_\_  
**Date of Birth**  
(mandatory)

\_\_\_\_\_  
**Sex**  
(mandatory)

\_\_\_\_\_  
**Social Security Number**  
(recommended)



\_\_\_\_\_  
**Signature of Requester**

*There is a separate Form "A" required for each last name submitted*

(DCI Use Only)

**RESULTS**

As of \_\_\_\_\_, a name and date of birth check  
revealed:

**CCH record attached** ☐

**No CCH record found** ☐

DCI initials \_\_\_\_\_

**WAIVER**

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

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

\_\_\_\_\_  
**Date**

## **WAIVER:**

Iowa law does **not** require a waiver. However, without a waiver any arrest over 18 months old, **without** a disposition, cannot be given to a non-law enforcement agency. Attached waivers are not accepted.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be given out to non-law enforcement agencies without a signed 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 working 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 check is of the Iowa Central Repository only. No other state or federal agency records can be searched under current law.

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.

If the "No CCH record found" box is checked, it could also mean that information in the file is not releasable per Iowa law without a waiver.

**REMINDER** – (1) Send in a separate form for each surname, (2) \$13 for each surname, \$15 fax or \$5 volunteer, (3) Attach a billing form with request(s), and (4) Submit a self-addressed envelope. Iowa law requires employers to pay the fee for potential employees' record checks.

## **Glen Haven Home Inc.**

### **Drug and Alcohol Policy**

#### **Purpose**

In compliance with the Drug-Free Workplace Act of 1988, Glen Haven Home Inc. has a longstanding commitment to provide a safe, quality-oriented and productive work environment. Alcohol and drug misuse poses a threat to the health and safety of Glen Haven Home Inc. employees, residents and tenants and to the security of the company's equipment and facilities. For these reasons, Glen Haven Home Inc. is committed to the elimination of drug and alcohol use and misuse in the workplace.

#### **Scope**

This policy applies to all employees and all applicants for employment of Glen Haven Home Inc.. The human resource (HR) department is responsible for policy administration.

#### **Employee Assistance**

Glen Haven Home Inc. will assist and support employees who voluntarily seek help for drug or alcohol addiction before becoming subject to discipline or termination under this or other Glen Haven Home Inc. policies. Such employees will be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests if they hold jobs that are safety-sensitive or require driving, or if they have violated this policy previously.

Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely, and they must promptly disclose any work restrictions to their supervisor.

#### **Work Rules**

1. Whenever employees are working, are operating any Glen Haven Home Inc. vehicle, are present on Glen Haven Home Inc. premises or are conducting company-related work offsite, they are prohibited from:
  1. Using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia).
  2. Being under the influence of alcohol or an illegal drug as defined in this policy.
  3. Possessing or consuming alcohol.
2. The presence of any detectable amount of any illegal drug, illegal controlled substance or alcohol in an employee's body system, while performing company business or while in a company facility, is prohibited.
3. Glen Haven Home Inc. will also not allow employees to perform their duties while taking prescribed drugs that are adversely affecting their ability to perform their job duties safely and effectively. Employees taking a prescribed medication must carry it in a container labeled by a licensed pharmacist or be prepared to produce the container if asked.
4. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

## **Required Testing**

### ***Pre-employment***

Applicants being considered for hire must pass a drug test before beginning work or receiving an offer of employment. Refusal to submit to testing will result in disqualification of further employment consideration.

Candidates will be tested for use of the following: cocaine, opiates, amphetamines (amphetamine and methamphetamine), phencyclidine (PCP), barbiturates, benzodiazepines, methadone, propoxyphane, chemical derivatives of these substances.

Candidates must advise the testing lab of all prescription drugs taken in the past month before the test and be prepared to show proof of such prescriptions to testing lab personnel.

### **Testing Methods and Procedure**

Upon receipt of an offer of employment, candidates must complete required drug testing within 5 business days. . All testing will be conducted by a licensed independent medical laboratory, which will follow testing standards in accordance with state law. Testing will be conducted on a urine sample provided by the candidate to the testing laboratory under procedures established by the laboratory to ensure privacy of the employee, while protecting against tampering/alteration of the test results.

Glen Haven Home Inc. will pay for the cost of the testing, including the confirmation of any positive test result if needed. The testing lab will retain samples in accordance with state law, so that a candidate may request a retest of the sample at his or her own expense if he or she disagrees with the initial test result.

### **Refusal to Undergo Testing**

Candidates who refuse to submit to a drug test or who fail to show up for a drug test within 5 business days of an offer of employment will no longer be considered for employment, and any offer of employment will be rescinded.

### **Positive Test**

If a candidate tests positive on an initial screening test, the test will be confirmed. On receipt of the second positive confirmation test, the employment offer will be formally withdrawn, and the candidate will be provided with a copy of the test results and the reason why he or she is no longer being considered for employment.

### **Right to Explain Test Results**

All candidates have the right to meet with the testing laboratory personnel and with Glen Haven Home Inc. to explain their test results. These discussions will be considered confidential except that information disclosed in such tests will be communicated to personnel within Glen Haven Home Inc. or within the lab who need to know such information to make proper decisions regarding the test results or employment of the individual.

### **Retesting**

Candidates may request a retest of the original urine sample within five working days after notification of a positive test result. This retest is at the expense of the candidate, unless the original test result is called into question by the retest.



## **Re-Application and Rehire**

Individuals who are rehabilitated drug users or engaged in a supervised drug rehabilitation program and are no longer using drugs may be protected under the Americans with Disabilities Act. Therefore, Glen Haven Home Inc. will consider the applications of candidates who formerly tested positive for drugs if candidates can show evidence of rehabilitation and compliance with this policy.

## **Right to Review Records**

Glen Haven Home Inc. will provide a copy of test results upon written request to candidates who test positive.

## ***Reasonable suspicion***

Employees are subject to testing based on, but not limited to, observations of apparent workplace use, possession or impairment by at least two members of management. HR, the administrator should be consulted before sending an employee for testing. Management must use the reasonable suspicion observation checklist to document specific observations and behaviors that create a reasonable suspicion that an employee is under the influence of illegal drugs including THC or alcohol. Examples include:

- Odors (smell of alcohol, body odor or urine).
- Movements (unsteady, fidgety, dizzy).
- Eyes (dilated, constricted or watery eyes, or involuntary eye movements).
- Face (flushed, sweating, confused or blank look).
- Speech (slurred, slow, distracted mid-thought, inability to verbalize thoughts).
- Emotions (argumentative, agitated, irritable, drowsy).
- Actions (yawning, twitching).
- Inactions (sleeping, unconscious, no reaction to questions).

When reasonable suspicion testing is warranted, both management and HR will meet with the employee to explain the observations and the requirement to undergo a drug and/or alcohol test within two hours. Refusal by an employee will be treated as a positive drug test result and will result in immediate termination of employment.

*Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of management or designee must transport the employee or arrange for a cab and arrange for the employee to be transported home.*

## ***Post-accident***

Employees are subject to testing when they cause or contribute to accidents that seriously damage a Glen Haven Home Inc. vehicle, equipment or property or that result in an injury to themselves or another employee requiring offsite medical attention. A circumstance that constitutes probable belief will be presumed to arise in any instance involving a work-related accident or injury in which an employee who was operating a motorized vehicle is found to be responsible for causing the accident. In any of these instances, the investigation and subsequent testing must take place within two hours following the accident, if not sooner. Refusal by an employee will be treated as a positive test result and will result in immediate termination of employment.

*Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of management or designee must transport the employee or arrange for a cab and arrange for the employee to be transported home.*

## **Collection and Testing Procedures**

Employees subject to alcohol testing will be transported to a Glen Haven Home Inc.-designated facility and directed to provide breath specimens. Breath specimens will be tested by trained technicians using federally approved breath alcohol testing devices capable of producing printed results that identify the employee. If an employee's breath alcohol concentration is .04 or more, a second breath specimen will be tested approximately 20 minutes later. The results of the second test will be determinative. Alcohol tests may, however, be a breath, blood or saliva test, at the company's discretion. For purposes of this policy, test results generated by law enforcement or medical providers may be considered by the company as work rule violations.

Applicants and employees subject to drug testing will be transported to a Glen Haven Home Inc.-designated testing facility and directed to provide urine specimens. Applicants and employees may provide specimens in private unless they appear to be submitting altered, adulterated or substitute specimens. Collected specimens will be sent to a federally certified laboratory and tested for evidence of marijuana, cocaine, opiates, amphetamines, PCP, benzodiazepines, methadone, methaqualone and propoxyphene use. (Where indicated, specimens may be tested for other illegal drugs.) The laboratory will screen all specimens and confirm all positive screens. There must be a chain of custody from the time specimens are collected through testing and storage.

The laboratory will transmit all positive drug test results to a medical review officer (MRO) retained by Glen Haven Home Inc., who will offer individuals with positive results a reasonable opportunity to rebut or explain the results. Individuals with positive test results may also ask the MRO to have their split specimen sent to another federally certified laboratory to be tested at the applicant's or employee's own expense. Such requests must be made within 72 hours of notice of test results. If the second facility fails to find any evidence of drug use in the split specimen, the employee or applicant will be treated as passing the test. In no event should a positive test result be communicated to Glen Haven Home Inc. until such time that the MRO has confirmed the test to be positive.

## **Consequences**

Applicants who refuse to cooperate in a drug test or who test positive will not be hired and will only be allowed to reapply with proof of a completed rehabilitation program.

Employees who refuse to cooperate in required tests or who use, possess, buy, sell, manufacture or dispense an illegal drug in violation of this policy will be terminated. If the employee refuses to be tested, yet the company believes he or she is impaired, under no circumstances will the employee be allowed to drive himself or herself home.

Employees who test positive, or otherwise violate this policy, will be subject to discipline, up to and including termination. Depending on the circumstances, the employee's work history/record and any state law requirements, Glen Haven Home Inc. may offer an employee who violates this policy or tests positive the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies determined by Glen Haven Home Inc. for a minimum of one year but not more than two years as well as a waiver of the right to contest any termination resulting from a subsequent positive test. If the employee either does not complete the rehabilitation program or tests positive after completing the rehabilitation program, the employee will be immediately discharged from employment.

Employees will be paid for time spent in alcohol or drug testing and then suspended pending the results of the drug or alcohol test. After the results of the test are received, a date and time will be scheduled to discuss the results of the test; this meeting will include a member of management, a union representative (if requested), and HR. Should the results prove to be negative, the employee will receive back pay for the times/days of suspension.

## **Confidentiality**

Information and records relating to positive test results, drug and alcohol dependencies, and legitimate medical explanations provided to the MRO will be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and may also be disclosed when relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.

## **Inspections**

Glen Haven Home Inc. reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas and property that might conceal a drug, alcohol or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including discharge.

## **Crimes Involving Drugs**

Glen Haven Home Inc. prohibits all employees, including employees performing work under government contracts, from manufacturing, distributing, dispensing, possessing or using an illegal drug in or on company premises or while conducting company business. Glen Haven Home Inc. employees are also prohibited from misusing legally prescribed or over-the-counter (OTC) drugs. Law enforcement personnel may be notified, as appropriate, when criminal activity is suspected.

Glen Haven Home Inc. does not desire to intrude into the private lives of its employees but recognizes that employees' off-the-job involvement with drugs and alcohol may have an impact on the workplace. Therefore, Glen Haven Home Inc. reserves the right to take appropriate disciplinary action for drug use, sale or distribution while off company premises. All employees who are convicted of, plead guilty to or are sentenced for a crime involving an illegal drug are required to report the conviction, plea or sentence to HR within five days. Failure to comply will result in automatic discharge. Cooperation in complying may result in suspension without pay to allow management to review the nature of the charges and the employee's past record with Glen Haven Home Inc..

## **Definitions**

"Company premises" includes all buildings, offices, facilities, grounds, parking lots, lockers, places and vehicles owned, leased or managed by Glen Haven Home Inc. or any site on which the company is conducting business.

"Illegal drug" means a substance whose use or possession is controlled by federal law but that is not being used or possessed under the supervision of a licensed health care professional. (Controlled substances are listed in Schedules I-V of 21 C.F.R. Part 1308.)

"Refuse to cooperate" means to obstruct the collection or testing process; to submit an altered, adulterated or substitute sample; to fail to show up for a scheduled test; to refuse to complete the requested drug testing forms; or to fail to promptly provide specimen(s) for testing when directed to do so, without a valid medical basis for the failure. Employees who leave the scene of an accident without justifiable explanation prior to submission to drug and alcohol testing will also be considered to have refused to cooperate and will automatically be subject to discharge.

"Under the influence of alcohol" means an alcohol concentration equal to or greater than .04, or actions, appearance, speech or bodily odors that reasonably cause a supervisor to conclude that an employee is impaired because of alcohol use.

"Under the influence of drugs" means a confirmed positive test result for illegal drug use per this policy. In addition, it means the misuse of legal drugs (prescription and possibly OTC including THC) when there is not a valid prescription from a physician for the lawful use of a drug in the course of medical treatment (containers

must include the patient's name, the name of the substance, quantity/amount to be taken and the period of authorization).

### **Enforcement**

The HR director is responsible for policy interpretation, administration and enforcement.

### **Drug and Alcohol Policy Certificate of Receipt**

I hereby certify that I have received a copy of Glen Haven Home Inc.'s Drug and Alcohol Policy.

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Employee Signature

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Date

## **Glen Haven Village**

### **New Hire Physical and Drug Tests**

To schedule a new hire employee physical, please call Dr. Baer's office located in Malvern, IA.

Dr. Thomas Baer  
908 Main Street  
Malvern, IA 51551  
712-624-6010