

# APPLICATION FOR EMPLOYMENT



## VISION:

We will passionately serve and relentlessly advocate to create life enriching opportunities for persons impacted by brain injury.

### **On With Life at Ankeny**

*Inpatient Rehabilitation*  
715 SW Ankeny Road  
Ankeny, IA 50023-9798  
515-965-1339

### **On With Life Community Services**

*Skilled Care for Youth and Young Adults*  
406 SW School Street, Room 208  
Ankeny, IA 50023-3000  
515-965-2634

### **On With Life at Glenwood**

*Supported Community Living*  
714 Lacey Street, Suite 100  
Glenwood, IA 51534-1946  
712-525-1228

[www.on-with-life.org](http://www.on-with-life.org)

*BRAIN INJURY REHABILITATION SPECIALISTS*

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### **An Equal Opportunity and Affirmative Action Employer**

Qualified applicants receive consideration for employment without regard to gender, race, creed, national origin, sexual orientation, age or disability

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Name

Location

Position Desired



## PROFESSIONAL LICENSURE AND OTHER SPECIALIZED SKILLS

Type of Specialist \_\_\_\_\_

Professional Registration No. \_\_\_\_\_ Renewal Date \_\_\_\_\_

Certification No. \_\_\_\_\_ License No. \_\_\_\_\_

Has your professional license/certification ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Subjects studied, certificates, short courses, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you type? \_\_\_\_\_ WPM \_\_\_\_\_

Please list other skills which you have, equipment you can operate, and software programs with which you are familiar:

\_\_\_\_\_

\_\_\_\_\_

### EMPLOYMENT RECORD (List last position first, use additional sheet if necessary.)

Complete all areas in **BOLD** type. You may reference your resume in other areas.

<b>Company</b>	<b>Dates Employed</b>	<b>Job Title – Duties</b>
<b>Name</b> _____	<b>From</b> _____	_____
<b>Address</b> _____	<b>To</b> _____	_____
<b>City &amp; State</b> _____	<b>Salary \$</b> _____	_____
<b>Telephone</b> _____	<b>Per Hr. Mo. Yr.</b> _____	_____
<b>Supervisor</b> _____		_____
<b>May We Contact? Yes</b> _____ <b>No</b> _____	<b>No. of Hours worked</b>	<b>Reason for Leaving</b> _____
<b>Type of business</b> _____	<b>per week</b> _____	_____
<b>Name</b> _____	<b>From</b> _____	_____
<b>Address</b> _____	<b>To</b> _____	_____
<b>City &amp; State</b> _____	<b>Salary \$</b> _____	_____
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I voluntarily give On With Life (OWL) the right to make a thorough investigation of my past employment and activities, I agree to cooperate in such investigation and release from all liability all persons, companies or corporations supplying such information. I consent to take the pre-employment physical examination, and such future physical examination as may be required by OWL at such times and places as the company shall designate. OWL employees may be assigned to work at one or more locations on a regular basis. I am aware I will be required to provide proof/identification to verify that I am eligible to work in the United States.

I agree that the entire contents of this application form may be used by OWL in whatever manner it may wish. Upon my termination, for whatever reason, I hereby authorize the release of any information contained in my personnel file to any outside agency or other organization that requests such information and I also release OWL from any liability for the release of this information. I understand that I will be required to follow the human resources policies and rules of OWL and that infractions of said rules may lead to dismissal. I understand that my employment may be terminated with or without cause and with or without notice at any time, at the option of either OWL or myself. I hereby certify that the information set forth in this employment application is accurate and complete and I understand that my employment may be terminated for any misstatement of fact appearing on this application form.

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment, and/or cessation of employment with OWL, exclusively by final and binding arbitration before a neutral Arbitrator. By way of example only, such claims include claims under federal, state, and local statutory or common law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the civil Rights Act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort. I agree that I will be responsible for my own attorney's fees under this paragraph. In addition I agree that I will be responsible for 50% of the arbitrator's fees, in the event that arbitrator finds my claim to be without merit.

By signing this box I affirm that I understand its contents, that I am not giving up my rights to exercise various employment rights, but agree to pursue them through arbitration, rather than the court or other systems. Also, I understand that my signature in this box is voluntary and will have no bearing on whether or not I am offered a job at On With Life, Inc.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**Please Note**

Please check your application carefully.  
Each section and all questions must be filled out completely for employment consideration.