



*Joining hands, hearts, and minds  
to help persons  
living with brain injury  
get On With Life.*

**Brain Injury Rehabilitation Specialists**

## **APPLICATION FOR EMPLOYMENT**

**Your name** \_\_\_\_\_

**Position desired** \_\_\_\_\_

**On With Life at Ankeny**  
*Inpatient Rehabilitation*  
715 SW Ankeny Road  
Ankeny, Iowa 50023  
515-289-9600  
800-728-0645

**On With Life at Ankeny**  
*Outpatient Rehabilitation*  
645 SW Ankeny Road  
Ankeny, Iowa 50023  
515-289-9600  
800-728-0645

**On With Life Community Services**  
*Supported Community Living*  
645 SW Ankeny Road  
Ankeny, Iowa 50023  
515-964-2634

**On With Life at Glenwood**  
*Skilled Care for Youth & Young Adults*  
714 Lacey Street, Suite 100  
Glenwood, Iowa 51534  
712-525-1294

**Human Resources - 515-289-9606 or 515-289-9608 (Ankeny), 712-515-1228 (Glenwood)**

**[www.onwithlife.org](http://www.onwithlife.org)**

An Equal Opportunity Employer  
Drug-Free Workplace

**PERSONAL DATA – Please complete all requested information. (If you need assistance, please ask.)**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address City State Zip Code

Home Phone \_\_\_\_\_ Alternate/Cell \_\_\_\_\_ Email \_\_\_\_\_

Other names you have used \_\_\_\_\_ If under age 18, please note date of birth \_\_\_\_\_

POSITION YOU ARE INTERESTED IN \_\_\_\_\_ Date available \_\_\_\_\_

Please indicate your interest  Full Time (30-40 hours/week)  Part Time (regularly scheduled to work less than 30 hours per week)

PRN (on-call) – # of hours available per week \_\_\_\_\_

Hours preferred:  Days  Evenings  Nights

Are you available to work:  Weekends  Saturdays  Sundays

Have you worked for On With Life in the past?  Yes  No If yes, please indicate prior position(s) and dates of employment: \_\_\_\_\_

How did you hear about On With Life? \_\_\_\_\_

Why are you interested in working for On With Life? \_\_\_\_\_

Are you related by birth or marriage to any current employee(s)?  Yes  No If yes, print name(s): \_\_\_\_\_

If driving is a condition of the position for which you are applying, do you have a valid Iowa Driver License?  Yes  No Do you have a D3 Chauffers' License?  Yes  No

Do you have a record of founded child abuse or dependent adult abuse, or have you ever been convicted of a crime in this state or any other state, not including traffic tickets? (Please note, a conviction is not necessarily a bar to employment.)  Yes  No If yes, please disclose the details of the offense: \_\_\_\_\_

If you are applying for a position as a Certified Nursing Assistant, Registered Nurse, or Licensed Practical Nurse, have you ever been disciplined by a state Board of Nursing?  Yes  No If yes, please give details: \_\_\_\_\_

Are you excluded from participation in Medicare, Medicaid, the State Children's Health Insurance Program, or any Federal health care program, as based on the authority of the Health and Human Service Office of the Inspector General (OIG)?  Yes  No

*Please note that if you are on the excluded list you will not be eligible for employment at On With Life.*

**EDUCATION**

	Name and Location of School	Dates Attended	Major Subjects	Certificate, Degree Obtained
Graduate School				
College or University				
Technical or Professional				
High School - Or highest grade completed		XXXXXXXXXXXX XXXXXXXXXXXX		

**PROFESSIONAL LICENSURE, CERTIFICATIONS, OR OTHER SPECIALIZED SKILLS**

Type of License, Certification \_\_\_\_\_ # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type of License, Certification \_\_\_\_\_ # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type of License, Certification \_\_\_\_\_ # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Has your professional license / certification ever been suspended or revoked by any accrediting institution, or have you been convicted of fraud by Medicare/Medicaid?**  Yes\*  No \*If yes, please explain:

\_\_\_\_\_

Please list other skills which may be applicable to the position: \_\_\_\_\_

**EMPLOYMENT RECORD** (Please complete in full and give explanation for any gaps in employment.)

Company Name: _____ City, State: _____ Phone: _____ Supervisor's Name: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of business: _____	Dates Employed From: _____ To: _____ Rate of Pay: Starting wage \$ _____ Ending wage \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/>	Position(s) Held _____ _____ _____	Your Duties and Responsibilities _____ _____ Reason for leaving: _____
Company Name: _____ City, State: _____ Phone: _____ Supervisor's Name: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of business: _____	Dates Employed From: _____ To: _____ Rate of Pay: Starting wage \$ _____ Ending wage \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/>	Position(s) Held _____ _____ _____	Your Duties and Responsibilities _____ _____ Reason for leaving: _____

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Unless otherwise stated, I voluntarily give On With Life 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. If an offer of employment is given, I understand I must successfully complete a pre-employment physical, TB test, and drug screen. I am also aware that I will be required to provide proof/identification that I am eligible to work in the United States. I certify that information given in this Application is accurate and complete, and understand that inaccurate information may be cause for termination if discovered after employment begins. I understand that my employment may be terminated at any time by myself or by On With Life, with or without cause.

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