

**Comprehensive Systems, Inc.
Application For Employment**

To: Applicant

From: Human Resources Department

Thank you for considering employment at Comprehensive Systems, Inc.

To be considered for employment you must meet the following requirements:

- **Complete the attached application.**
- **Give us employment and personal references that we can reach by phone.**
- **Be able to pass a background check for criminal and child/dependent adult abuse history.**
- **Be able to pass a lifting test.**
- **Be able to pass a drug test.**
- **Be able to physically and mentally perform the job responsibilities as verified through a physical and TB test.**
- **Be able to speak, read and write the English language.**

If you are selected for an interview and we make the decision to hire you, you can expect the pre-employment process to take 4-10 days.

If after you complete this application you have a change in phone number please contact us to give us this information. We ask that you not call us just to check on the status of your application. Due to the nature of our business, phone calls pull our managers off the floor.

Please fill in the information only that is marked with an asterisk (*) on the attached 2 forms and the Form C Iowa Health Care Facility Record Check. Form C completion is required for each name you have had in your lifetime. Next, complete the Application for Employment on the last 3 pages.

If you have any questions, please ask the receptionist.

Reviewed 4/94, 4/97, 04/21/17

Revised 5/02, 11/07, 5/11, 10/12/12, 03/18/14, 11/05/20

f316.1

Comprehensive Systems, Inc.
1700 Clark Street PO Box 457
Charles City IA 50616

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of information regarding my service and job performance at _____ to Comprehensive Systems, Inc. for use as reference materials only.

* _____
Signature Date

* _____
Social Security Number

_____ has applied for a position with our agency as
a _____. Your verification of service will be appreciated
and kept confidential. Please complete the information requested on the attached form and return
it in the enclosed self-addressed envelope. Thank you for your assistance.

Human Resources Date

Please complete the information below for the applicant whose name appears on the above
authorization.

Dates of employment: _____ to _____

Position held: _____

Reason for leaving: _____

Job Knowledge/Skills _____

Quality of Work _____

Quantity of Work _____

Dependability _____

Initiative _____

Teamwork _____

Eligible for Rehire _____ Yes _____ No

Other Comments _____

Signature/Title Date

Criminal Background / Child or Dependent Adult Abuse / OIG-SAM Federal Exclusion

Do you have a record of **founded child or dependent adult abuse** or are you currently under investigation for **child or dependent adult abuse**?

*Please circle one YES NO

* If yes, what state _____

* If yes, please explain _____

Have you ever been **convicted of crime** other than a simple misdemeanor offense related to motor vehicles and laws of the road under chapter 321 or equivalent provisions or do you have any **criminal charges** pending?

* Please circle one YES NO

* If yes, what state

* If yes, please explain

Have you ever been **barred or excluded from participation in any federal health care program** in this state or any other state?

* Please circle one YES NO

* If yes, what state _____

* If yes, please explain

* Please list all the states you have lived in:

* Please list all full legal names you have had including current name, maiden name, any married names and aliases:

(Current Name)

(Maiden Name)

(Married Names)

(Any Aliases)

Please complete Iowa Health Care Facility Record Check Form C on the next pages, one for each name you have had. Ask the receptionist for additional forms if needed. A criminal history, federal exclusion and child/dependent adult abuse check will be conducted. Please sign and date at the designated area below that you understand and consent to these checks being performed.

* _____
Signature Date

IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
Form C

ACCOUNT NUMBER: 7495-C

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515) 281-5138
(515) 242-6876 (fax)

FROM: Comprehensive Systems, Inc.

1316 18th Street S.W.

Mason City, Iowa 50401

Phone # (641) 423-2663

Fax # (641) 421-9516

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 "C" 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.

* _____
Signature

* _____
Date

Form No. 595-1490 (10/99)

IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
Form C

ACCOUNT NUMBER: 7495-C

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515) 281-5138
(515) 242-6876 (fax)

FROM: Comprehensive Systems, Inc.
1316 18th Street S.W.
Mason City, Iowa 50401
Phone # (641) 423-2663
Fax # (641) 421-9516

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

Married Name

There is a separate Form "C" 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.

* _____
Signature

* _____
Date

Form No. 595-1490 (10/99)

IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
Form C

ACCOUNT NUMBER: 7495-C

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
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(515) 281-5138
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FROM: Comprehensive Systems, Inc.
1316 18th Street S.W.
Mason City, Iowa 50401
Phone # (641) 423-2663
Fax # (641) 421-9516

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 "C" 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.

* _____ Signature	* _____ Date
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Form No. 595-1490 (10/99)

COMPREHENSIVE SYSTEMS, INC.
1700 Clark Street PO Box 457
Charles City IA 50616
APPLICATION FOR EMPLOYMENT

NAME _____ SS# _____
(Last) (First) (Middle Initial)

ADDRESS _____ PHONE _____
(Street or Route) (City) (State/Zip)

E-Mail Address _____

WHOM TO CONTACT IN EMERGENCY _____

ADDRESS _____ PHONE _____

POSITION(S) APPLIED FOR _____

WHAT HOURS ARE YOU INTERESTED IN? _____ ARE YOU AT LEAST 16? _____

HAVE YOU BEEN EMPLOYED HERE? _____ YES _____ NO IF SO, WHEN? _____

HAVE YOU APPLIED HERE BEFORE? _____ YES _____ NO IF SO, WHEN? _____

EMPLOYMENT HISTORY

List the last 3 positions including any employment with CSI. Include any summer, temporary or part-time work if necessary. BEGIN WITH YOUR MOST RECENT EMPLOYMENT.

(Company)	(Period of Employment)	(Work Performed)
Name _____	From _____	_____
Address _____	To _____	_____
City/State _____	Phone _____	
Supervisor _____	Initial Salary _____	Final Salary _____
Reason for Leaving _____		

Name _____	From _____	_____
Address _____	To _____	_____
City/State _____	Phone _____	
Supervisor _____	Initial Salary _____	Final Salary _____
Reason for Leaving _____		

Name _____	From _____	_____
Address _____	To _____	_____
City/State _____	Phone _____	
Supervisor _____	Initial Salary _____	Final Salary _____
Reason for Leaving _____		

EDUCATION

Are you currently in high school? ____ Yes ____ No College? ____ Yes ____ No

Circle Last Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 7 8

HIGH SCHOOL

Name _____ Address/City/State _____

Did you graduate? ____ Yes ____ No Receive a GED? ____ Yes ____ No

COLLEGE OR UNIVERSITY

Name _____ Address/City/State _____

Major _____ Degree _____ Credits _____

COMMERCIAL OR TRADE SCHOOL

Name _____ Address/City/State _____

Major _____ Degree _____ Credits _____

Special skills or qualifications acquired from employment or other experience(s):

Driver's License ____ Yes ____ No Chauffeur's ____ Yes ____ No CDL ____ Yes ____ No

Have you ever worked with persons with disabilities? ____ Yes ____ No

If yes, please explain: _____

Do you object to inquiry of your present or prior employers in regard to your work experience?

____ Yes ____ No

If Yes, explain: _____

REFERENCES

Please include persons who know you well. **Do not include relatives.**

<u>Name</u>	<u>Occupation</u>	<u>Address (City/State)</u>	<u>Phone</u>	<u>Years Known</u>
1) _____				
2) _____				
3) _____				

I certify that all statements made in this application are, to the best of my knowledge, correct and complete. I authorize investigation of all statements provided in this application for employment with Comprehensive Systems, Inc., as may be necessary in arriving at an employment decision.

Any employment agreement may be canceled should information provided be misleading or false. By my signature, I understand the above and also will abide by all rules and regulations of Comprehensive Systems, Inc.

I also certify that I have never been convicted of any law of any State for lascivious acts with a child, child neglect or child or dependent adult abuse.

Signature

Date

APPLICANT DATA RECORD

Comprehensive Systems, Inc. is an equal opportunity employer. Employment decisions are made without regard to race, color, religion, sex, national origin, age, marital or veteran status, mental condition or disability.

To help us track valued data for our agency, please complete the information requested below. We appreciate your cooperation.

Position(s) applied for: _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Employment Agency
☐ Walk In ☐ Web Site ☐ Other

_____ Comprehensive Systems Employee (list employee name) _____