

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

Certification or License Number _____

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:

Educational honors; extra-curricular activities; 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:

Special skills and qualifications, including those acquired from employment or other experience:

EMPLOYMENT EXPERIENCE

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

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

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.

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.

Signature of Applicant

Witness

AN EQUAL OPPORTUNITY EMPLOYER

This facility is an equal opportunity employer. Employment decisions are made without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability, status as a disabled Vietnam era veteran, or other category as specified by law.



Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

REQUESTOR INFORMATION PLEASE WRITE CLEARLY

Name (business or individual)

Mailing address (street/PO Box, city, state, zip code)

Phone number

Fax number

Email address

I would like the results sent to me by: Mail Fax Email

I am required to have the results notarized: Yes No *for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION. Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release 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 signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: 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. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of a search of the information provided revealed:

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: www.dcirecordchecks@dps.state.ia.us

QUESTIONS: www.dcirecordchecks@dps.state.ia.us

HOW TO REQUEST AN IOWA CRIMINAL HISTORY RECORD CHECK:

- Please write clearly on the Request Form.
- Complete all Requestor Information and all required fields. If the form is incomplete it will be returned to you without being processed.
- Send in a separate Request Form for each last name.
- A \$15.00 fee is required for each Request Form/last name submitted.
- A completed Billing Form must be submitted with a Request Form. If the Billing Form is not complete or the fee is not included, all forms will be returned. Please submit only one Billing Form when submitting multiple requests.
- Please specify on the Request Form if you want the results mailed, faxed or emailed to you and provide the appropriate information. If not specified the results will be mailed.
- Indicate if you are required (i.e. for immigration, for employment in another country, etc.) to have the results of the record check notarized.

Iowa criminal history record checks are based on **name** and **exact date of birth**. Without fingerprints, **positive** identification cannot be determined. The records maintained by the Iowa Division of Criminal Investigation (DCI) are based on **name** and **exact date of birth**. Without fingerprints, **positive** identification cannot be determined. The records maintained by the Iowa Division of Criminal Investigation (DCI) are based on information provided to us, as required by the Code of Iowa, from other criminal justice agencies in Iowa. Therefore, the DCI cannot guarantee the completeness of the information provided. If an individual disputes the accuracy of information maintained by the DCI, please contact our office at www.dcirecordchecks@dps.state.ia.us.

RELEASE AUTHORIZATION INFORMATION:

Iowa law does **not** require a release authorization to request an Iowa criminal history record check on another person. However, without a signed release authorization from the subject of the request, deferred judgments where the DCI has received notice of the successful completion of probation cannot be released to non-law enforcement agencies. In addition, any arrest over 18 months old, **without** a final disposition, cannot be released.

Please note: If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean the information on file is not releasable per Iowa law without a signed release authorization.

Furthermore, it could mean there is juvenile information that isn't releasable per Iowa Code 232.147. However, the release authorization does not pertain to juvenile information.

ADDITIONAL INFORMATION:

A criminal history record check of 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** generally considered a conviction once the defendant has been discharged from the deferred judgment 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 multiple offense crimes, i.e. second offense OWI. If a disposition indicates that a deferred judgment was given, you may want to inquire of the individual's 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.



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QUESTIONS: www.dcirecordchecks@dps.state.ia.us



Request for Child and Dependent Adult Abuse Information

Persons for agencies with authorized access to child or dependent adult abuse information must use this form to request information about a child or dependent adult abuse report. After the form is completed, please email to iowaabuseregistry@hhs.iowa.gov, or fax to (515) 564-4112, or mail to the Iowa Department of Health and Human Services, FWBP/CPS/Operations/Registry, 321 E. 12th Street Des Moines, IA 50319.

Please specify your type of request by checking the appropriate box below:

Child abuse request Dependent adult abuse request Both

Please specify your preferred **method of response**: Address Fax Email

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

Requester Name: Last Butler		First Kara		Agency Name Oakview, Inc.		Telephone Number (641) 366-2212	
Address 511 E Center St.						Fax Number (641) 366-2063	
City Conrad			State IA	Zip Code 50621	Email k.butler@oakviewinc.net		
Relationship to the persons listed in Section 2: Potential Employer				Purpose for request: Employment in a Nursing Facility			
State the Iowa Code section that allows access to the child or dependent adult abuse information requested: 481-50.9(3)							
I have read and understand the legal provisions for handling child or dependent adult abuse information which is printed on the second page of this form. I understand that this request will not be approved unless I have authorized access.							
Signature of Requester:					Date		

Section 2: List the name(s) and address of the person(s) whose record is being checked.

Last	First	Middle	County	Birth Date	Social Security #
Address			City	State	Zip Code
List maiden name, any previous married names, and any alias (include first name):					

Section 3: Registry or designee decision.

This request for information is approved.

This request for information is denied because:

Signature of Registry or Designee	Date
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**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.

**Requests for Correction or Expungement of a
Child or Dependent Adult Abuse Report**

To request an administrative appeal hearing of a child or dependent adult abuse report, please submit a request in writing to: Iowa HHS Division of Compliance, 321 E. 12th Street, Des Moines, Iowa 50319. You will be notified in writing acknowledging receipt of your request; time, date, and place of your hearing; and any decisions regarding your request. If you disagree with this decision, the written notice will explain how you may request an administrative hearing about the report and its conclusions per Iowa Code sections 235A.19 or 235B.10.

OAKVIEW PERSONAL REFERENCE CHECK FORM

Applicant Name _____ Position _____

I _____ authorize Oakview to contact the references listed below for the purpose of obtaining previous employment or personal references. These persons are authorized to disclose such information.

Name _____ Relationship _____
Address _____
Telephone _____

Name _____ Relationship _____
Address _____
Telephone _____

Name _____ Relationship _____
Address _____
Telephone _____

EMPLOYMENT REFERENCE CHECKED:

Name _____ Employer _____
Relationship _____ Dates of Employment _____
Wage _____ Would you Rehire _____ Date Contacted _____
Reason for Termination _____
Notes: _____

Name _____ Employer _____
Relationship _____ Dates of Employment _____
Wage _____ Would you Rehire _____ Date Contacted _____
Reason for Termination _____
Notes: _____
