



# Application for Employment

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St. Luke's Lutheran Care Center is an Equal Opportunity Program. In accordance with Federal Law and US Department of Agriculture policy, as well as State Law, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington DC 20250-9410 or call (800) 795-2372 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

## APPLICANT INFORMATION

First Name

Last Name

Today's Date

\* Please indicate any other names which you could be identified by previous employers or educational institutions

Street Address

City

State

Zip Code

E-mail address (Note: application received confirmation notices will only be sent via email)

Telephone Number

Alternate Number

Position applying for:

Other:

Preferred Shift:

Number of hours desired per week:

Availability (check all that apply): Full-time  Part-time  Casual  Seasonal  Weekends Only

Date available for employment:     /     /

Are you unable to work on certain days?

\* If yes, please specify what days:

Have you ever been employed at St. Luke's before?

\* If yes, final year of employment:



**PREVIOUS EMPLOYMENT** (please list most recent employer first)

|                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Company Name:</u> _____ <u>Position:</u> _____<br><u>Phone Number:</u> - - - <u>May we contact?</u> _____ <u>Contact Person:</u> _____<br><u>Dates of Employment:</u> / / to / /<br><u>Reason for Leaving:</u> _____ |
| <u>Company Name:</u> _____ <u>Position:</u> _____<br><u>Phone Number:</u> - - - <u>May we contact?</u> _____ <u>Contact Person:</u> _____<br><u>Dates of Employment:</u> / / to / /<br><u>Reason for Leaving:</u> _____ |
| <u>Company Name:</u> _____ <u>Position:</u> _____<br><u>Phone Number:</u> - - - <u>May we contact?</u> _____ <u>Contact Person:</u> _____<br><u>Dates of Employment:</u> / / to / /<br><u>Reason for Leaving:</u> _____ |

**PLEASE READ CAREFULLY AND SIGN BELOW.**

**Conditions of Consideration For Employment**

I hereby authorize investigation of all statements contained in this application. I release St. Luke's Lutheran Care Center from any and all liability resulting from such investigation. I affirm that all information contained in this application is true and complete and that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal and/or refusal of employment.

I understand that employment is subject to satisfactory reference reports, satisfactory completion of a post-offer/background check, proof of identity and authorization to work in the United States.

I understand that employment at St. Luke's Lutheran Care Center is "at will" employment and may be terminated at any time by either party. I further understand that I am required to abide by all rules and regulations of St. Luke's Lutheran Care Center. I understand this application will be active for a period of 6 months; after that time, if I wish to be considered for employment, I must submit a new application.

I certify the information provided above is true and complete to the best of my knowledge. I have read and understand the statements in the paragraphs above. By signing here, I am also verifying all information on my resume.

**MY TYPED NAME BELOW SHALL HAVE THE SAME FORCE AND EFFECT AS MY WRITTEN SIGNATURE.**

Applicant Name

Today's Date