

Are you a citizen of the United States, or specifically authorized to be employed in the United States?

Yes No

Note: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.

PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent (you may omit dates for jobs held more than five years ago). May we contact your employer? Yes No

1. Employer name: _____ Supervisor Name _____

Employer Address: _____ Phone: _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason leaving _____

2. Employer name: _____ Supervisor Name _____

Employer Address: _____ Phone: _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

3. Employer name: _____ Supervisor Name _____

Employer Address: _____ Phone: _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

EDUCATION AND TRAINING

Name and location of high school _____ Graduated? Yes No

Please list technical or trade school, college, and post-graduate education, if any:

| School/College | Level Completed | Degree | Major Subjects |
|----------------|-----------------|--------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

OTHER SKILLS

Describe any special skills or qualifications which may help you in the position applied for:

List all licenses or certificates held, including state, license or certificate type, date issued, and license or certificate number:

List any relevant professional or business organizations to which you belong (Optional):

VAN DRIVER ONLY

How long have you been a licensed driver? _____

Current driver's license: State _____ Number _____

Expires on _____

VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military Branch: _____ dates of Service: _____

Discharge Date: _____ Honorable Discharge? Yes No

Note: a less than honorable discharge will not automatically disqualify you from employment.

REFERENCES

Please list two personal references, other than prior employers or relatives, whom we can contact.

1. Name _____ Phone (____) _____

How long known? _____ Occupation _____

2. Name _____ Phone (____) _____

How long known? _____ Occupation _____

Bethany Lutheran Home / Bethany Heights

Name of Applicant

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Bethany Lutheran Home / Bethany Heights to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or educational history or my character, to provide Bethany Lutheran Home / Bethany Heights with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Bethany Lutheran Home / Bethany Heights has the authority to make oral contracts of employment. If hired, my employment relationship with Bethany Lutheran Home / Bethany Heights is terminable at-will, with or without cause, by either myself or Bethany Lutheran Home / Bethany Heights.

I understand that employment will be conditional upon successful completion of a State Department of Public Safety background check and the Office of the Inspector General (OIG) / System for Award Management (SAM) Excluded Parties List System check.

I also understand that any offer of employment may be conditional upon by passing a pre-employment physical examination and/or a drug/alcohol test administered by a health care professional selected by Bethany Lutheran Home / Bethany Heights, to which I hereby consent.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

Applicant's Signature

Date and Time

CONFIDENTIAL REFERENCE REQUEST

Concerning (name) _____

Address _____

I hereby authorize the facility/institution named below to release all information requested on this confidential reference request.

X _____ **X** _____
Applicant's Signature Date

BELOW - FOR OFFICE USE ONLY

Dear Sir or Madam:

The above-named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be sincerely appreciated, and will be held in complete confidence. Both the applicant and I will benefit from an early reply, since his/her employment is pending. Thank you.

Name _____

Title _____

Facility _____

Address _____

Dates of employment: From _____ to _____

Position or title: _____

Duties and/or responsibilities: _____

Reason for leaving: _____

Would you re-hire? Yes No If not, why not? _____

Quality of Work: Good Adequate Poor

Quantity of Work: Good Adequate Poor

Attendance: Good Adequate Poor

Cooperation: Good Adequate Poor

Initiative: Good Adequate Poor

Other comments (your remarks are the most important part of this questionnaire):

Signed _____

Title _____

Date _____