

Applicant Information

Please answer all questions completely and accurately. Please Print.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ Alternate Phone: (____) _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Desired Employment Status: Full-Time Part-Time Casual/As Needed Any Shift Day Shift Evening Shift Night Shift Holidays Weekends

Position Desired (Please be specific; do not indicate "any"): _____

Are you lawfully authorized to work in the U.S.A. because of citizenship, visa, or immigration status? YES NO

Have you ever been employed by Luthercare? YES NO If so, when, where, & under what name? _____

Have you lived continuously in Pennsylvania for two years prior to today? YES NO If not, in which state did you live? _____

Are you under age 18? YES NO Nursing/Therapy Applicants: License/certification/registration #: _____

Candidates are subject to a criminal history check. Conviction of one or more of the crimes outlined in the Older Adults Protective Services Act (a copy of the list is available in the Human Resources Department) will result in a denial of employment. Candidates for positions in Luthercare's Child Care Programs are governed by the Provisions of PA Act 33.

Notify in Emergency: Name: _____ Relationship: _____

Address & Phone Number(s): _____

How did you become aware of possible employment at Luthercare? (Please be specific): _____

Education

High School: _____ Address: _____

Identify Last Year Completed: 9 10 11 12 Course/Degree: _____

College: _____ Address: _____

Identify Last Year Completed: 1 2 3 4 Course/Degree: _____

Other: _____ Address: _____

Identify Last Year Completed: 1 2 3 4 Course/Degree: _____

Military Service

Branch: _____ Date Entered: _____ Date Discharged: _____ Final Rank: _____

Present Military Status: _____ Describe your military duties: _____

Previous Employment

Please list last employer first. Please list additional employers on a separate sheet of paper.

This section MUST be completed. Incomplete applications may result in non-consideration for employment.

May we contact your present employer?

YES

NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Affirmation and Signature

I hereby certify that all information contained on this Employment Application is true and complete. I authorize Luthercare to contact all sources it deems necessary to verify my employment or education history, and such organizations are authorized to supply all information requested. I release from all liability both Luthercare and those contacted to verify this information.

I understand that all statements made on this Employment Application are subject to verification by Luthercare, and that employment is predicated on the truthfulness of statement made on this Employment Application and on passing Luthercare's physical examination where required. I understand that any falsification, omission, or misrepresentation of the information recorded on this Employment Application is sufficient cause for dismissal, should I be employed, regardless of when such may be discovered. It is understood that the use of this Employment Application does not indicate there are open positions, and in no way obligates Luthercare. If employed, I agree to comply with Luthercare's rules.

If employed, I understand and agree that this Employment Application does not constitute an employment contract, as to duration or conditions of employment. I understand that any employment relationship between myself and Luthercare will be at-will, and thus either I or Luthercare may terminate the employment at any time.

I hereby certify that I have no history of or conviction for a violent crime and have never been dismissed from employment because of abuse of clients or residents.

Signature: _____ Date: _____