

Lutheran Home and Harwood Place

Application for Employment

PLEASE PRINT IN BLACK OR BLUE INK. YOU MUST COMPLETE THE ENTIRE APPLICATION.

Personal Data			
Name Last:	First:	M.I.:	Today's Date:
Are there any other names under which you have worked or attended school? If yes, please list.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone Number:		Alternate Number:	
Address:	City	State	Zip code
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and you will be required to obtain a work permit.)	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired you will be required to provide proof of work authorization.)		
Do you have any pending charges or offenses, including but not limited to any criminal, municipal, or local ordinance violations, but excluding minor traffic violations? If yes, please complete the following:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Alleged Offense: _____ City and State: _____ Date: _____			
Note: Pending charges and offenses are not an automatic bar to employment. Each case is considered on its own merit and in relation to the job as well as the Wisconsin Caregiver Law.			
Have you ever been convicted of any felony, misdemeanor, or other offense, including but not limited to any criminal, municipal or local ordinance violations? If yes, complete the following:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Offense: _____ Date: _____ City and State: _____ Fine or Sentence: _____			
Note: Convictions are not an automatic bar to employment. Each case is considered on its own merit and in relation to the job as well as the Wisconsin Caregiver Law.			
Have you ever worked for Lutheran Home or Harwood Place? If yes, when and in what position?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Position _____ Dates: _____ Campus: _____			
How were you referred to Lutheran Home and Harwood Place?			
Walk-in <input type="checkbox"/> School <input type="checkbox"/> Employee <input type="checkbox"/> Job line <input type="checkbox"/> Newspaper <input type="checkbox"/> Job fair <input type="checkbox"/> Our Website <input checked="" type="checkbox"/> Agency <input type="checkbox"/> Other <input type="checkbox"/>			
Job Data			
Position applying for:		Campus: Lutheran Home <input type="checkbox"/> Harwood Place <input type="checkbox"/>	
Shift Preference: 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Any <input type="checkbox"/>		Status Desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> In-House Pool <input type="checkbox"/>	
Salary Desired:		Date Available:	Are you able to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education				
Education	Name and location	Last Year Completed	Did you graduate?	List Diploma or Degree
High School		1 2 3 4	Yes or No	
College		1 2 3 4	Yes or No	
Graduate School		1 2 3 4	Yes or No	
Other		1 2 3 4	Yes or No	

Professional Licenses or Certifications

Licenses/Certifications	State and License No.	Date Issued	Expiration Date
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Are you certified to work in a CBRF (Assisted Living)? Yes No

In cases where licenses/certifications are required for the job, if hired you will be asked to submit documented proof.

Special Skills

What skills do you have applicable to the job for which you have applied:

Please list computer applications and skill level with which you have experience:

Word	<input type="checkbox"/> Basic	<input type="checkbox"/> Proficient	<input type="checkbox"/> Advanced
Excel	<input type="checkbox"/> Basic	<input type="checkbox"/> Proficient	<input type="checkbox"/> Advanced
Outlook	<input type="checkbox"/> Basic	<input type="checkbox"/> Proficient	<input type="checkbox"/> Advanced
Power Point	<input type="checkbox"/> Basic	<input type="checkbox"/> Proficient	<input type="checkbox"/> Advanced
Publisher	<input type="checkbox"/> Basic	<input type="checkbox"/> Proficient	<input type="checkbox"/> Advanced
Clinical Applications	<input type="checkbox"/> Basic	<input type="checkbox"/> Proficient	<input type="checkbox"/> Advanced
Other	<input type="checkbox"/> Basic	<input type="checkbox"/> Proficient	<input type="checkbox"/> Advanced

References

PLEASE DO NOT INCLUDE PERSONAL FRIENDS OR RELATIVES

Name:	Day telephone:		
Address:	Evening telephone:		
Relationship:	Company:	Known how long?	
Name:	Day telephone:		
Address:	Evening telephone:		
Relationship:	Company:	Known how long?	
Name:	Day telephone:		
Address:	Evening telephone:		
Relationship:	Company:	Known how long?	

Employment History

Please provide a complete record of your work history beginning with most recent job.

Current Employer

Employer:	Phone:	Job Title:
Address: City, State, and Zip Code	Dates of employment (month and year): From: To:	
Job Duties:	Supervisor's Name:	
Starting Pay: Ending Pay:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Reason for Leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Previous Employment

Employer:	Phone:	Job Title:
Address: City, State, and Zip Code	Dates of employment (month and year): From: To:	
Job Duties:	Supervisor's Name:	
Starting Pay: Ending Pay:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Reason for Leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer:	Phone:	Job Title:
Address: City, State, and Zip Code	Dates of employment (month and year): From: To:	
Job Duties:	Supervisor's Name:	
Starting Pay: Ending Pay:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Reason for Leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer:	Phone:	Job Title:
Address: City, State, and Zip Code	Dates of employment (month and year): From: To:	
Job Duties:	Supervisor's Name:	
Starting Pay: Ending Pay:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Reason for Leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer:	Phone:	Job Title:
Address: City, State, and Zip Code	Dates of employment (month and year): From: To:	
Job Duties:	Supervisor's Name:	
Starting Pay: Ending Pay:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Reason for Leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Notice to Applicants

Please read carefully before signing:

I certify that all information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that any misrepresentations, omissions, false or evasive information, may result in denial of employment or be cause for subsequent dismissal if I am hired.

I authorize Lutheran Home and Harwood Place to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about my employment. I hereby authorize any former employer, firm, corporation, or government agency to answer any and all questions and to release or provide any information within their knowledge or records. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

I understand that a job offer made to me will be contingent upon satisfactory physical examination, drug screen, employment references, and criminal background investigation.

I understand that whether or not I become employed by Lutheran Home and Harwood Place, I recognize that this application is not and should not be considered a contract of employment. I also understand that employment at Lutheran Home and Harwood Place is on an at-will basis and that my employment may be terminated with or without cause, for any reason or for no reason at all, with or without notice, at any time, at my option or Lutheran Home and Harwood Place unless specifically provided otherwise in a written employment contract. I further understand that no company representative has the authority to enter into a contract with me regarding duration of terms and conditions of employment other than an officer of Lutheran Home and Harwood Place and then only by means of a signed, written document.

Applicant's Signature _____

Date _____

Equal Employment Opportunity Policy

Lutheran Home and Harwood Place is expressly committed to promoting and maintaining nondiscrimination in all aspects of recruitment and employment of individuals at all levels throughout the organization without regard to race, color, creed, religion, sex, ancestry, national origin, gender, age, disability, handicap, status as a Vietnam era or special disabled veteran, sexual orientation, conviction record, marital status, military reserve membership, and any other status protected by state or federal law. This policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, promotion, termination, transfer, leaves of absence, compensation, benefits, training, layoff, and return from layoff. In accordance with the Americans With Disabilities Act, Lutheran Home and Harwood Place and its affiliates will make reasonable efforts to enable applicants with a disability to participate in the job application process once an applicant has requested accommodation.