

APPLICATION FOR EMPLOYMENT

LUTHERAN

715 Falconer Street
Jamestown, New York 14701
716-665-4905



LUTHERAN

COMPLETE APPLICATION CLEARLY AND ACCURATELY

Applications will be considered for a period of six months

Date _____

Name _____
Last First MI

Present Address _____ Home Telephone _____
Number & Street Apt. #

PO Box (if applicable) _____ Alternate Telephone _____

City State Zip _____ Work Telephone _____

Email Address _____ @ _____

Are you over 18 years of age? Yes No If not, employment is subject to verification of minimum legal age.

In the past 7 years have you pled "guilty" or "no contest to", or been convicted of a crime? Yes No

If yes, please provide date(s) and details. _____

JOB INTEREST

Position(s) desired (*be specific*): _____ Wages Expected: _____
"ANY" is not acceptable

Date Available for Work: _____

Do You Prefer:

- Full Time
- Part Time
- Per Diem
- Student
- Temporary

Are You Available to Work:

	YES	NO
Holidays	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>
Overtime	<input type="checkbox"/>	<input type="checkbox"/>
On Call	<input type="checkbox"/>	<input type="checkbox"/>

Shift Preference: Day Evening Night Any

Have you ever worked for Lutheran before? Yes No When? _____
Any friends or relatives working at Lutheran? Yes No Who? _____ Relation: _____
Have you ever applied at Lutheran before? Yes No When? _____
Who referred you to Lutheran? _____

PROFESSIONAL LICENSING

Are you currently Licensed/Certified in New York State? Yes No For What? _____
License/Certificate #: _____ Expiration Date _____

EMPLOYMENT HISTORY

**Give Entire Employment Record – As Completely As Possible
Start With Your Present or Last Employer
Attach additional information if more space needed**

Company Name	Telephone ()
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	Reason for Leaving May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone ()
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	Reason for Leaving May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone ()
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Company Name	Telephone ()
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	Reason for Leaving May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

Type	School & Address	Did you Graduate?	Academic Major	Degree Received
High School		Yes @a		
College		KW @a		
Trade or Technical		KW @a		
Other		KW @a		

U.S. MILITARY

Branch of U.S. Military Service

Military School

Area of Specialization

REFERENCES

Give a ***Minimum*** of Four References (Preferably Work Related)
DO NOT USE RELATIVES

Name	Address	Telephone
	Street City, State, Zip	Work: Home:
	Street City, State, Zip	Work: Home:
	Street City, State, Zip	Work: Home:
	Street City, State, Zip	Work: Home:
	Street City, State, Zip	Work: Home:

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information I have given on this application is true and complete and understand that any false information or the omission of information may be considered as sufficient reason to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I understand that, if employed by Lutheran, it will be on a probationary basis. I also recognize that this is not an employment contract. **Employment will be at-the-will** of the company and can be terminated at anytime. If I am hired, I understand that I am free to resign at any time, with or without cause and with proper notice as required by Lutheran Human Resources policy.

I understand that, according to Lutheran's policy, I am required to undergo a drug-screening test as a condition of employment. To comply with that requirement, I consent to providing a sample of my urine prior to employment and again at any time requested. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Lutheran as a condition of my employment. I hereby give my permission to the release of all information which Lutheran deems necessary to determine my abilities to perform job duties now and in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from Lutheran. I also understand that failure to pass an alcohol or drug screening at any time during my employment may result in immediate discharge from Lutheran.

I hereby authorize Lutheran to investigate my employment records with former employers, personal references and to make any further investigations deemed necessary in connection with my application for employment. I do hereby release Lutheran and all informants from all liability resulting from such investigations. I waive all rights to see or review the information so furnished.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. It will be necessary to reapply and fill out a new application if I have not heard from Lutheran and still wish to be considered for employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____ **Date** _____

INTERVIEWER USE ONLY

Interviewer(s):	Date:
Title of Position:	Offer: <input type="checkbox"/> Yes <input type="checkbox"/> No Deselect: <input type="checkbox"/> Yes <input type="checkbox"/> No
Unit (nursing):	
Full Time, Part Time or Per Diem:	

For HR purposes only:
Department _____
Rate _____
Position _____

Accepted _____
Letter Sent _____
Physical _____
Drug Test _____
Orientation _____