

**EVENTIDE LUTHERAN HOME FOR THE AGED
APPLICATION FOR EMPLOYMENT**

Employment Record	
Present and Former Employers Phone Number: () - _____ Employer: _____ Address: _____ Supervisor: _____ Hourly Rate Starting _____ Final _____ Dates Employed From _____ To _____ Reason for Leaving: _____	Position and Duties _____ _____ _____ _____ _____ _____

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(If you need additional space, please continue on a separate sheet of paper.)

Applicant's Statement

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

These answers are true and complete to the best of my knowledge. Eventide Lutheran Home for the Aged may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in immediate discharge. I UNDERSTAND THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN ME AND EVENTIDE LUTHERAN HOME FOR THE AGED IS TERMINABLE-AT-WILL. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING. I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the applicant to determine whether I can perform my job duties. Additionally, I authorize Eventide Lutheran Home for the Aged to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that Eventide Lutheran Home for the Aged deems appropriate.

Approved by Eventide Board of Directors 12/15/03

Signature of Applicant

Date

APPLICATION ADDENDUM

(Revised 12-08-03)

Addendum to application for employment at Eventide Lutheran Home for the Aged, Missouri Synod, Denison, Iowa pursuant to House Title 2261, pages 6-8, Division 8, Section 12, 135.33.

Do you have a record of founded child or dependent adult abuse? ____ Yes ____ No

If yes*, please explain:

Have you ever been convicted of a crime in this state or any other state? ____ Yes ____ No

If yes*, please explain:

*If an answer is "yes", you will not automatically be disqualified from employment consideration, except as required by State or Federal law. Factors such as age and timing of offense, seriousness, and nature of the violation and extent of rehabilitation are taken into account by the Department of Human Services.

Applicant Signature

Date

CRIMINAL RECORD CHECK WAIVER

(Written 2-28-00)

Eventide as a licensed facility under Chapter 135C, Code of Iowa is required to conduct criminal record and dependent adult abuse checks on all new employees. Upon finding a criminal record through the Iowa Division of Criminal Investigation, prospective employees must complete additional paperwork which is submitted to the Department of Human Services for evaluation.

Until the evaluation is completed and cleared by the Department of Human Services, prospective employees can not work at Eventide. In general, when the clearance involves close supervision, Eventide can not offer employment since jobs at Eventide require working independently, and adequate supervision could not be guaranteed.

I have read the above statement and give my permission for Eventide's representative to conduct background checks including my criminal record as my application for employment is considered at Eventide Lutheran Home for the Aged Missouri Synod.

Signature

Date

EVENTIDE LUTHERAN HOME FOR THE AGED
114 SOUTH 20TH STREET
DENISON, IOWA 51442
Phone 712-263-3114
Fax 712-263-8819

REFERENCE CHECK

Date _____, 20____

APPLICANT: Please supply addresses for work related references which if hired could document for experience pay. Be sure to sign & date at the bottom.
Do not send/fax the references yourself!

SEND/FAX TO: _____

We are considering _____ for the position of _____ at our facility. She/he has listed you during our application process as a reference. Please fill out the information on the reverse side of this letter. This information will be held in confidence. Your cooperation and prompt reply will be greatly appreciated.

You may fax back your reply and/or find enclosed a self-addressed, stamped envelope for your convenience.

Thank you for your time and consideration.

Sincerely,

Connie L. Thompson
Employee Records Coordinator

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby grant permission to the above person (company) to furnish Eventide Lutheran Home with information regarding my work history and a profile of my aptitude and character.

Signature _____
Date _____

Please supply the name that the person (company) knows you by if different from your signature. _____

Prospective Employee: _____

PREVIOUS EMPLOYERS: Please complete and return the following:

1. Date of employment: From _____ To _____
Job title or position held: _____
2. Did she/he miss very many days of work? Frequent ____ Average ____ Seldom ____ .
Was appropriate notice given for absences? _____
3. How did she/he get along with fellow employees? _____
Supervisor(s)? _____
4. How would you classify her/his attitude? Excellent ____ Good ____
Fair ____ Poor ____
5. Why did she/he leave your employment? _____
6. Would you rehire her/him for the same or any other position? (If no, why not?)

Additional Comments: _____

SIGNATURE _____ DATE _____
TITLE/POSITION _____

FRIENDS, ACQUAINTANCES, OTHERS: Please complete and return:

1. How do you feel she/he gets along with others? _____
2. Do you feel she/he would be a dependable worker? _____
3. Do you feel she/he is able to accept the responsibility of this position and why? _____
4. How long have you known our applicant? _____

ADDITIONAL COMMENTS: _____

SIGNATURE _____ DATE _____
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