

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

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

Present and Former Employers	Position and Duties
Employer: _____	_____
Address: _____	_____
Supervisor: _____	_____
Hourly Rate Starting _____ Final _____	_____
Dates Employed From _____ To _____	_____
Reason for Leaving: _____	

Present and Former Employers	Position and Duties
Employer: _____	_____
Address: _____	_____
Supervisor: _____	_____
Hourly Rate Starting _____ Final _____	_____
Dates Employed From _____ To _____	_____
Reason for Leaving: _____	

(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 MYSELF AND EVENTIDE LUTHERAN HOME FOR THE AGED IS TERMINABLE-AT-WILL. ANY CHANGED 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

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 _____
RELATIONSHIP TO APPLICANT _____

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

(school reference)

REFERENCE CHECK 3

Date _____, 20____

APPLICANT: Please supply the address for a recent (within 4 years) school reference. 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.

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Signature _____
Date _____

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Prospective Employee: _____

INPUT FROM SCHOOL ATTENDED: Please complete and return the following:

1. Date of school attendance: From _____ To _____
2. Did she/he miss very many days of school? Frequent ____ Average ____ Seldom ____ .
Was appropriate notice given for absences? _____
3. How did she/he get along with fellow students? _____
Teachers? _____
4. How would you classify her/his attitude? Excellent ____ Good ____
Fair ____ Poor ____
5. Did she/he have any discipline problems? _____
6. Would you consider her/him a good candidate to work in a nursing home in the job she/he applied for? (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 _____
RELATIONSHIP TO APPLICANT _____