

# EVENTIDE LUTHERAN HOME FOR THE AGED

## APPLICATION FOR EMPLOYMENT

### Personal Information

Date of Application \_\_\_\_\_ Date Available for Work \_\_\_\_\_

Name \_\_\_\_\_  
             Last    First    Middle

Address \_\_\_\_\_  
             Street    City    State                          Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Employment Desired

*(circle your areas of interest)*

Location of interest: Eventide Lutheran Home (Nursing Facility) or Silveridge (Assisted Living Facility)

RN	Housekeeper	Dietary	Laundry
LPN	Activities	Clerical	Universal Worker
Nursing Assistant	Maintenance	Managerial	Other

Work Shift Desired \_\_\_\_\_ How did you learn of opening? \_\_\_\_\_

Hourly Rate/Salary Desired \_\_\_\_\_

Will you accept employment for:	Full Time	Part-Time	Temporary
Are you 16 years of Age or older?	Yes	No	
Have you filed an application here before?	Yes	No	If yes, please give date _____
Have you ever been employed here before?	Yes	No	If yes, please give date _____
Are you employed now?	Yes	No	If yes, may we contact present employer?    Yes    No
Have you ever been convicted of a felony?	Yes	No	If yes, please explain:

Are you prevented from lawfully becoming employed in this county?    Yes    No

### Education

	Elementary	High School	College/University	Graduate/Professional
Years Completed	5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
<small>(Circle Highest Completed)</small>				

Name of School:	Location:
Type of Degree or Certificate:	

Were you in the U.S. Armed Forces                          Yes    No                          If yes, what branch? \_\_\_\_\_

Please describe any specialized training, apprenticeship, skills and extra-curricular activities you have held:

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

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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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.)*

<b>Applicant's Statement</b>
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*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