

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

Personal Information

Name _____
Last First Middle

Address _____
Street City State Zip Code

Email: _____ Are you 16 years of age or older? Yes No

Phone: _____ Date of Application _____ Date Available for Work _____

Have you filed an application or been employed here before? Yes No If yes, please give dates _____

Do you have a record of founded child or dependent adult abuse in this state or any other state? Yes No

How did you learn of opening? _____

Employment Desired

(check your areas of interest)

Location of interest: Gracewell (Nursing Facility) or Silveridge (Assisted Living Facility)

Nursing: RN LPN Certified Nursing Assistant Medication Manager Uncertified Nursing/Tenant Assistant

Other: Activities Administrative Dietary Environmental Maintenance Managerial

Work Shift Desired: _____ Hourly Rate/Salary Desired _____

Will you accept employment for: Full Time Part-Time Temporary PRN

Education

What is highest level of education completed _____

Name of School: _____ School Location: _____

Type of Degree or Certificate: _____

Were you in the U.S. Armed Forces? Yes No

Please describe any specialized training, apprenticeship, skills and extracurricular activities you have held:

References

Please list three professional references including name, title, company, email, and daytime phone number. Do not use relatives.

Reference 1:

Reference 2:

Reference 3:

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Employment Record – List Present or Most Recent Employer First

Complete below for at least the last 7 years, or from the time you finished school.

Be accurate and account for all of your time, nothing reason for any time gaps in comment section below.

Position and Duties
Phone Number: _____
Employer: _____
Address: _____
Supervisor: _____
Dates Employed From _____ To _____
Reason for Leaving: _____
May we contact your employer? Yes No If no, why?

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Attach an Optional Resume

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Additional Information / Comments / Questions

Applicant's Statement

I acknowledge these answers are true and complete to the best of my knowledge. I acknowledge that providing any false or misleading information is grounds for refusing to hire me, or for immediate termination should I be hired.

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, national origin, age, religion, creed, disability, veteran's status, gender, sexual orientation, gender identity or gender expression.

I understand this application is not a contract of employment and that if hired, the employment relationship between me and Eventide Lutheran Home for the Aged is terminable-at-will.

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 government agency, or other party, with an interest that Eventide Lutheran Home for the Aged deems appropriate.

Signature of Applicant

Date