



Please print in ink or type.

Date _____

Position(s) Applying For _____ Full-time Part-time Flex

Personal Information

Name _____
last first middle I.

Address _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____
(Or how you can be reached)

Social Security Number _____
(voluntary information—not mandatory unless employed, used for record keeping information)

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation?
 NO YES If yes, explain (a yes will not automatically disqualify you). _____

Were you previously employed by Lutheran Homes? NO YES When? _____

Are you under 18 years of age? NO YES

Are you legally eligible for employment in the U.S.A? NO YES If yes, verification will be required.

Availability Check the types of work you will accept. Full-time Part-time Flex Shift work:
 Days PMs Nights Weekend Holidays

Hours Available _____ Date Available for Employment _____

Education:

	Dates Attended	Name and Location of School	Did You Graduate	Title of Diploma/Degr	Major
High School					
Business/Technical School					
Military/Other					
College or University					

List fields of work for which you are licensed, registered or certified giving dates(s), source(s) of issuance, and number(s). _____

Work History: Account for the past 3 employers. If you do not have 3 employers, list personal references and their relationship to you.

1 Present or Last Employer: _____
Address: _____
Your Job Title: _____ Employer Phone: _____
Supervisor's Name/Phone Number: _____
Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____
Date Employed (mo/yr) _____ / _____ Date Separated (mo/yr) _____ / _____
Reason For Leaving _____
Major Functions of Position: _____

2 Present or Last Employer: _____
Address: _____
Your Job Title: _____ Employer Phone: _____
Supervisor's Name/Phone Number: _____
Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____
Date Employed (mo/yr) _____ / _____ Date Separated (mo/yr) _____ / _____
Reason For Leaving _____
Major Functions of Position: _____

3 Present or Last Employer: _____
Address: _____
Your Job Title: _____ Employer Phone: _____
Supervisor's Name/Phone Number: _____
Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____
Date Employed (mo/yr) _____ / _____ Date Separated (mo/yr) _____ / _____
Reason For Leaving _____
Major Functions of Position: _____

References: May we contact your present and previous supervisors for a reference?

NO YES If no, please explain. _____

I certify that I have given true, accurate and complete information (application, work history, skills inventory, resumes, curriculum vitae, etc.). I authorize employers, educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information, or a failure to disclose information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed. I expressly waive any right I may have to review material or information received from a previous employer or educational institution under a promise of confidentiality.

Signature (unsigned applications will not be processed)

Date _____

An Equal Opportunity/Affirmative Action Employer