

**Employment Application**  
An Equal Opportunity and Affirmative Action Employer

\_\_\_\_\_ Date of Application

**PLEASE PRINT IN INK OR TYPE COMPLETELY**

**CONTACT INFORMATION**

|           |            |                |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

|                |      |       |     |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

|            |                   |
|------------|-------------------|
| Home Phone | Alternative Phone |
|------------|-------------------|

|               |                        |
|---------------|------------------------|
| Email Address | Social Security Number |
|---------------|------------------------|

**JOB INTEREST**

|  |
|--|
| Department/Position (applications remain active for six months from receipt) |
|--|

|  |
|--|
| Number of Hours: _____ Full Time _____ Part Time _____ On Call |
|--|

|  |
|--|
| Shifts Available: _____ Days _____ Evenings _____ Nights _____ All |
|--|

**EMPLOYMENT ELIGIBILITY**

|   |
|---|
| Have you ever worked for St. John Lutheran Home, Springfield, Minnesota? _____ Yes _____ No |
|---|

|  |
|--|
| Are you 16 years of age or older? _____ Yes _____ No |
|--|

|   |
|---|
| Are you legally authorized to work in the United States? _____ Yes _____ No If hired, you will be required to show proof. |
|---|

**NOTICE TO APPLICANT**  
Should you be offered a position with St. John Lutheran Home, you will be required to complete a background investigation.

**REFERRAL SOURCE**

|   |
|---|
| _____ School _____ Newspaper – Which One? _____ Walk-In _____ Website |
| _____ Current St. John's staff – Who? _____ Other – What? _____       |

**OFFICE USE ONLY**

|                |              |
|----------------|--------------|
| Interview Date | Interview By |
|----------------|--------------|

**EDUCATION**

| SCHOOLS ATTENDED                                   | NAME OF SCHOOL AND LOCATION  | DID YOU GRADUATE?  | CHECK ONE BOX  | GRADE POINT AVERAGE |  |
|--|--|--|--|---------------------|--|
| HIGH SCHOOL  | Name of school<br>_____<br>City and State<br>_____<br>Circle highest grade completed<br>1 2 3 4 5 6 7 8 9 10 11 12 | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Currently enrolled | <input type="checkbox"/> Diploma<br><input type="checkbox"/> GED   |                     | Major course of study<br>_____<br>Your name while attending<br>_____ |
| TECHNICAL VOCATIONAL BUSINESS OR MILITARY TRAINING | Name of school<br>_____<br>City and State<br>_____   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Currently enrolled | <input type="checkbox"/> Assoc. Degree<br><input type="checkbox"/> Diploma<br><input type="checkbox"/> Certificate |                     | Degree/Major<br>_____<br>Your name while attending<br>_____          |
| COLLEGE OR UNIVERSITY                              | Name of school<br>_____<br>City and State<br>_____   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Currently enrolled | <input type="checkbox"/> Degree<br><input type="checkbox"/> Certificate  |                     | Degree/Major<br>_____<br>Your name while attending<br>_____          |
| GRADUATE SCHOOL                                    | Name of school<br>_____<br>City and State<br>_____   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Currently enrolled | <input type="checkbox"/> Degree<br><input type="checkbox"/> Certificate  |                     | Degree/Major<br>_____<br>Your name while attending<br>_____          |

**To be completed by Registered/Licensed/Certified applicants – list all active and expired**

|   |       |   |                 |
|---|-------|---|-----------------|
| License/Certification   | State | License/Certification#  | Expiration Date |
| License/Certification   | State | License/Certification#  | Expiration Date |
| License/Certification   | State | License/Certification#  | Expiration Date |
| License/Certification   | State | License/Certification#  | Expiration Date |
| Are there any restrictions on your license(s)?<br><input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If Yes, explain:   |       |   |                 |
| Is your license now or has it ever been under investigation or encumbered in Minnesota or any other State?<br><input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If Yes, explain: |       |   |                 |
| Are you CPR certified?<br><input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Certification date ____/____/____  |       | Are you ACLS certified?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |                 |
| Nursing Assistants: Are you on the Minnesota registry?<br><input type="checkbox"/> No <input type="checkbox"/> Yes  |       |   |                 |

**FOR POSITIONS REQUIRING DRIVING A MOTOR VEHICLE ONLY**

|   |                                 |                 |       |  |
|---|---------------------------------|-----------------|-------|--|
| Do you have a current driver's license?<br><input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, driver's license number | Expiration date | State | Has it ever been revoked or suspended?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |
|---|---------------------------------|-----------------|-------|--|

**IF HIRED, YOU WILL BE ASKED TO PROVIDE PROOF OF LICENSURE AND INSURANCE**

**REFERENCES – TO BE COMPLETED BY ALL APPLICANTS**

LIST WORK OR EDUCATION-RELATED REFERENCES. DO NOT LIST FRIENDS OR RELATIVES

| NAME | ADDRESS | DAYTIME PHONE | RELATIONSHIP |
|------|---------|---------------|--------------|
| 1.   |         |               |              |
| 2.   |         |               |              |
| 3.   |         |               |              |

**EMPLOYMENT RECORD**

Starting with your PRESENT or most recent employer, please list all jobs you have had including experience in the military. Do not omit work experience just because it may be unrelated to the job for which you are applying.

|   |  |  |  |
|---|--|--|--|
| Name of PRESENT or most recent employer |  |  |  |
|---|--|--|--|

|                    |      |       |     |
|--------------------|------|-------|-----|
| Employer's address | City | State | Zip |
|--------------------|------|-------|-----|

|                     |           |
|---------------------|-----------|
| Dates of Employment | Job Title |
|---------------------|-----------|

|                       |
|-----------------------|
| Description of Duties |
|-----------------------|

|                    |  |
|--------------------|--|
| Reason for leaving | Are you eligible for rehire?<br>_____ YES _____ NO |
|--------------------|--|

|                 |              |                 |
|-----------------|--------------|-----------------|
| May we contact? | Phone number | Supervisor Name |
|-----------------|--------------|-----------------|

|                           |  |  |  |
|---------------------------|--|--|--|
| Name of previous employer |  |  |  |
|---------------------------|--|--|--|

|                    |      |       |     |
|--------------------|------|-------|-----|
| Employer's address | City | State | Zip |
|--------------------|------|-------|-----|

|                     |           |
|---------------------|-----------|
| Dates of Employment | Job Title |
|---------------------|-----------|

|                       |
|-----------------------|
| Description of Duties |
|-----------------------|

|                    |  |
|--------------------|--|
| Reason for leaving | Are you eligible for rehire?<br>_____ YES _____ NO |
|--------------------|--|

|                 |              |                 |
|-----------------|--------------|-----------------|
| May we contact? | Phone number | Supervisor Name |
|-----------------|--------------|-----------------|

|                           |  |  |  |
|---------------------------|--|--|--|
| Name of previous employer |  |  |  |
|---------------------------|--|--|--|

|                    |      |       |     |
|--------------------|------|-------|-----|
| Employer's address | City | State | Zip |
|--------------------|------|-------|-----|

|                     |           |
|---------------------|-----------|
| Dates of Employment | Job Title |
|---------------------|-----------|

|                       |
|-----------------------|
| Description of Duties |
|-----------------------|

|                    |  |
|--------------------|--|
| Reason for leaving | Are you eligible for rehire?<br>_____ YES _____ NO |
|--------------------|--|

|                 |              |                 |
|-----------------|--------------|-----------------|
| May we contact? | Phone number | Supervisor Name |
|-----------------|--------------|-----------------|

|                           |  |  |  |
|---------------------------|--|--|--|
| Name of previous employer |  |  |  |
|---------------------------|--|--|--|

|                    |      |       |     |
|--------------------|------|-------|-----|
| Employer's address | City | State | Zip |
|--------------------|------|-------|-----|

|                     |           |
|---------------------|-----------|
| Dates of Employment | Job Title |
|---------------------|-----------|

|                       |
|-----------------------|
| Description of Duties |
|-----------------------|

|                    |  |
|--------------------|--|
| Reason for leaving | Are you eligible for rehire?<br>_____ YES _____ NO |
|--------------------|--|

|                 |              |                 |
|-----------------|--------------|-----------------|
| May we contact? | Phone number | Supervisor Name |
|-----------------|--------------|-----------------|

## St. John Lutheran Home

**Mission:** “As Christian servants, we strive to enhance the physical, emotional, social and spiritual well-being of our residents, staff and the community we serve.”

### PLEASE READ CAREFULLY AND SIGN

St. John Lutheran Home is committed to providing a safe, healthy and productive work environment. We promote a drug, alcohol and smoke-free environment and encourage our employees to maintain healthy lifestyles so as to provide the best care possible to our residents. We reserve the right to test for the presence of alcohol or illegal drugs where a reasonable suspicion of usage exists. We also promote a work environment free from discrimination, harassment and violence.

### Agreement and Applicant Release

I understand that the information on this application has been requested for the purpose of evaluating my qualifications for employment and that this document, or any item discussed regarding employment, does not constitute a contract or promise of employment. I affirm that the information provided in my application, resume' and interview is true and correct to the best of my knowledge.

I authorize St. John Lutheran Home to investigate my background including all the information contained in my application and information I provide in the interview. I understand that misrepresentation or omission of information in connection with my application, resume' and/or interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

I understand and agree that any offer of employment is dependent upon my satisfactory completion of St. John Lutheran Home's background study, verification of current work authorization in the United States, work history verification, reference checks and any other investigations required by the position for which I am applying or as mandated by local, state or federal laws. I waive and release any and all claims, including but not limited to claims of defamation, libel and slander, that I may have against any such individual or company as a result of their compliance with St. John Lutheran Home's request for information.

I authorize all educational institutions I have attended to provide St. John Lutheran Home with all information which it seeks related to the dates of my attendance, the degrees I have named, the courses I have taken, my grades and related matters. I waive and release any and all claims I may have against these institutions as a result of their compliance with St. John Lutheran Home's request for information.

By signing below, I am affirming my understanding and acknowledgement of support in all items addressed in this document. I further understand that if I am hired by St. John Lutheran Home, my employment will be “at will”, which means that either St. John Lutheran Home or I may terminate the employment relationship at any time for any reason. I further understand that, If hired, my “at will” employment status may only be changed in a written document signed by the Administrator of St. John Lutheran Home, and that not representative of St. John Lutheran Home has the authority to make any oral promise to me concerning my employment.

**SIGNATURE: X** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_  
First Middle Initial Last

**EQUAL OPPORTUNITY INFORMATION**

The information requested is being used in accordance with the Minnesota and Federal Human Rights Acts and rules and regulations adopted pursuant to these acts.

The equal employment opportunity record will be kept separate from your personal file and the answers to the questions will NOT be used in the hiring or promotion process. *Providing this information is voluntary and will be treated with confidentiality.* If you refuse to provide this information you will not be subject to adverse treatment.

I understand what I have read and  wish  do not wish to supply the information below.

\_\_\_\_\_

Date: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Sex:  Male  Female

Race/Ethnic group: (check one)

**AFRICAN AMERICAN**

Persons having origins in any Black racial groups of African (not of Hispanic) origin.

**ASIAN OR PACIFIC ISLANDER**

Persons having origins in any of the Far East, Southeast Asia, Indian Subcontinent (India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkam and Bhutan), or Pacific Islands (China, Japan, Korea, Philippine Islands and Samoa).

**INDIAN OR ALASKAN NATIVE AMERICAN**

Persons having origins in any of the original people of North America, who maintain cultural identification through tribal affiliation or community recognition.

**HISPANIC**

Persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture, regardless of race.

**CAUCASIAN**

Persons having origins in any of the original peoples of Europe, North Africa or the Middle East, (not of Hispanic origin).

Disability:  No  Yes ▶

Hearing Impairment

Mental Illness

Mobility Impairment

Learning Disability

Visual Impairment

Other

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EVEN IF YOU HAVE FILLED OUT THE ABOVE INFORMATION, GIVING YOUR IDENTITY IS OPTIONAL**

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle

**APPLICANT PLEASE FILL IN BOXED AREA ONLY**

**Employee Reference Request For Information**

**Date** \_\_\_\_\_

Name of Individual referenced \_\_\_\_\_

Name and Agency/Facility requesting reference: St. John Lutheran Home, Springfield, MN 56087

Phone: (507) 723-3245 Fax: (507) 723-6429 E-mail: rosemaryj@sjlhome.com

Name and Agency/Facility providing reference: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates of employment \_\_\_\_\_ Wage History \_\_\_\_\_

Job Description and Duties \_\_\_\_\_

Training and Education \_\_\_\_\_

Any acts of violence, theft, harassment or illegal conduct documented in the personnel record, which resulted in disciplinary action or resignation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Written authorization from employee is required if you provide information on item(s) 1, 2, and 3.**

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

- 1) Written employee evaluations conducted prior to the employee's separation from the employer, the employee's written response, if any, contained in the employee's personnel record.
- 2) Disciplinary warnings and actions in the five years before the date of authorization and the employee's written response, if any, contained in the employee's personnel record.
- 3) Reasons for separation from employment

**Number of pages attached to this document** \_\_\_\_\_

**\*Note:** A copy of the information disclosed to a prospective employer must be provided employee if the employee requests it.

The information contained in the communication is privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone, and delete or destroy the original message.

**HIGH SCHOOL STUDENTS ONLY**

Do you participate in any of the following activities?

This information is necessary to help us schedule with the student's outside activities.

NAME: \_\_\_\_\_

\_\_\_\_\_ Football                      \_\_\_\_\_ Tennis                      \_\_\_\_\_ Cross Country

\_\_\_\_\_ Band                              \_\_\_\_\_ Choir                              \_\_\_\_\_ Volleyball

\_\_\_\_\_ Fall Play                              \_\_\_\_\_ Spring Play                              \_\_\_\_\_ One Act Play

\_\_\_\_\_ Wrestling                              \_\_\_\_\_ Cheerleading: Season(s) \_\_\_\_\_

\_\_\_\_\_ Knowledge Bowl                              \_\_\_\_\_ HOSA                              \_\_\_\_\_ Basketball

\_\_\_\_\_ Softball                              \_\_\_\_\_ Baseball                              \_\_\_\_\_ Track

\_\_\_\_\_ Golf                                      \_\_\_\_\_ BPA                                      \_\_\_\_\_ CCD

\_\_\_\_\_ Speech                                      \_\_\_\_\_ Video Recording                                      \_\_\_\_\_ Hockey

\_\_\_\_\_ Other: \_\_\_\_\_

Which school do you attend: \_\_\_\_\_

Graduation Year: \_\_\_\_\_