

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
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Street Address	City	State	Zip
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Home Phone	Alternative Phone
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Email Address	Social Security Number
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JOB INTEREST

Department/Position (applications remain active for six months from receipt)
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Number of Hours: _____ Full Time _____ Part Time _____ On Call
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Shifts Available: _____ Days _____ Evenings _____ Nights _____ All
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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
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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
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EDUCATION

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

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)? <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? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ If Yes, explain:			
Are you CPR certified? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Certification date ____/____/____		Are you ACLS certified? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nursing Assistants: Are you on the Minnesota registry? <input type="checkbox"/> No <input type="checkbox"/> Yes			

FOR POSITIONS REQUIRING DRIVING A MOTOR VEHICLE ONLY

Do you have a current driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, driver's license number	Expiration date	State	Has it ever been revoked or suspended? <input type="checkbox"/> No <input type="checkbox"/> Yes
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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			
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Employer's address	City	State	Zip
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Dates of Employment	Job Title
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Description of Duties

Reason for leaving	Are you eligible for rehire? _____ YES _____ NO
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May we contact?	Phone number	Supervisor Name
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Name of previous employer			
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Employer's address	City	State	Zip
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Dates of Employment	Job Title
---------------------	-----------

Description of Duties

Reason for leaving	Are you eligible for rehire? _____ YES _____ NO
--------------------	--

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

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

Employer's address	City	State	Zip
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Dates of Employment	Job Title
---------------------	-----------

Description of Duties

Reason for leaving	Are you eligible for rehire? _____ YES _____ NO
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May we contact?	Phone number	Supervisor Name
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Name of previous employer			
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Employer's address	City	State	Zip
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Dates of Employment	Job Title
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Description of Duties

Reason for leaving	Are you eligible for rehire? _____ YES _____ NO
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May we contact?	Phone number	Supervisor Name
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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: _____