



- St. John's Lutheran Home and Cottages
- Mission Ridge Independent Living
- The Vista Assisted Living
- Lutheran Social Service
- Center For Generations
- The Crossings – Laurel

If you need help filling out this application form or for any phase of the employment process, please ask for assistance and every effort will be made to accommodate your needs in a reasonable amount of time. Complete this application and sign the consumer report authorization. PRINT clearly. Incomplete or illegible applications will not be processed.

Applicant Note

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on the form are grounds for terminating the application process or, if discovered after employment, terminating employment. St. John's Lutheran Ministries is an Equal Opportunity Employer and all qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required during employment. After an offer of employment and within two weeks of reporting to work, you may be required to submit to a medical review. You may be required to be examined by a medical professional designated by the company and may be required to complete a medical history form.

General Information

| | | |
|----------------|------------------|---------------|
| Last Name | First Name | Middle |
| Street Address | City, State, Zip | Email Address |
| Day Phone | Evening Phone | Cell Phone |

Employment Desired

What position are you applying for? _____ at
 St. John's Mission Ridge/Vista The Crossings

Applying for: Full Time (32-40 hrs/week) Part Time (24-32 hrs/week) Relief (less than 24 hrs/week)

What shifts are you willing to work? Days Evenings Nights Weekends

What date are you available to start? _____

Have you worked for St. John's, Mission Ridge or The Crossings before? Yes No When? _____

How did you learn of this opening? Newspaper TV Radio Internet SJLM employee Other _____

Have you read the job description or have the essential functions of the job been explained to you? Yes No
 (If no, stop here. Job descriptions are available at the East Entry Reception Desk and must be read before completing this application)

Do you understand the essential functions of this job? Yes No

Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

Employment History

PLEASE NOTE: Your application will NOT be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical.** Ask for a phone book or call information if necessary.

| | | |
|------------------------------|--|---|
| MOST RECENT EMPLOYER: | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? | |
| Company Name: | If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Job Title: | City: _____ State: _____ | Dates Employed: (enter month & year) From: _____ To: _____ |
| Duties: | Supervisor's Name: _____ | Phone: _____ |
| Salary (starting): | Reason for leaving: | |
| Salary (leaving): | Decision to leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary | |

| | | |
|--------------------------------|--|---|
| SECOND RECENT EMPLOYER: | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? | |
| Company Name: | If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Job Title: | City: _____ State: _____ | Dates Employed: (enter month & year) From: _____ To: _____ |
| Duties: | Supervisor's Name: _____ | Phone: _____ |
| Salary (starting): | Reason for leaving: | |
| Salary (leaving): | Decision to leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary | |

| | | |
|-------------------------------|--|---|
| THIRD RECENT EMPLOYER: | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? | |
| Company Name: | If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Job Title: | City: _____ State: _____ | Dates Employed: (enter month & year) From: _____ To: _____ |
| Duties: | Supervisor's Name: _____ | Phone: _____ |
| Salary (starting): | Reason for leaving: | |
| Salary (leaving): | Decision to leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary | |

| | | |
|--------------------------------|--|---|
| FOURTH RECENT EMPLOYER: | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer? | |
| Company Name: | If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Job Title: | City: _____ State: _____ | Dates Employed: (enter month & year) From: _____ To: _____ |
| Duties: | Supervisor's Name: _____ | Phone: _____ |
| Salary (starting): | Reason for leaving: | |
| Salary (leaving): | Decision to leave: <input type="checkbox"/> Layoff <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary | |

Please explain any gaps in your employment record, or make any additional comments below:

Professional Licenses and Certifications

| Type of License/Certification | Name as it appears on License/Certification | License/Certification Number | Expiration Date | State |
|-------------------------------|---|------------------------------|-----------------|-------|
| | | | | |
| | | | | |

Training and Education

We may ask you to furnish official transcript of school or college.

Please check the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

| | | |
|-----------------------|-----------------|---|
| High School: | City and State: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College: | City and State: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Study Major: |
| Other (Vo-Tech, etc.) | City and State: | Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Study Major: |

Security

Yes No Have you used any names or Social Security Numbers other than given above? If so, please list here:

Yes No Have you ever been convicted of a felony. If so, please describe below.

Yes No Have you been convicted of a misdemeanor crime in the past five years? If so, please describe below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at the time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be required.) If additional space is required, please continue in comments section.

| Incident(s) | Charge | Date of Conviction | City/State |
|-------------|--------|--------------------|------------|
| | | | |
| | | | |

References

Please list 3 references who may be contacted regarding past work performance and job experience. Do not include relatives.

| | | |
|--------------------------------|----------|--------|
| Name: | Address: | Phone: |
| How does this person know you? | | |

| | | |
|--------------------------------|----------|--------|
| Name: | Address: | Phone: |
| How does this person know you? | | |

| | | |
|--------------------------------|----------|--------|
| Name: | Address: | Phone: |
| How does this person know you? | | |

Additional Information

Describe your interest in St. John's Lutheran Ministries and the skills and abilities you feel qualify you for a position. You may choose to include special training you have received, professional societies you belong to, computer experience, etc. Because St. John's Lutheran Ministries is a 24-hour nursing facility, you may also want to list any shifts that you would NOT be available to work. (Example: Nights or evenings) If you need additional space, please continue on a separate sheet.

Other skills and proficiencies:

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Driver's License |
| <input type="checkbox"/> Multi-line telephone | <input type="checkbox"/> Lawn Mower | <input type="checkbox"/> Hedge Trimmer | <input type="checkbox"/> Utility Cart/ATV/4-Wheeler | <input type="checkbox"/> Snow Blower |
| <input type="checkbox"/> Hand Tools | <input type="checkbox"/> Power Tools | <input type="checkbox"/> Weed Trimmer | <input type="checkbox"/> Other _____ | |

Conditions of Environment

I understand that plants and animals are a part of the work environment at St. John's Lutheran Ministries. Animals include but are not limited to: dogs, cats, rabbits, and birds. I hereby release St. John's Lutheran Ministries from any liability due to allergies or sensitivities that I may develop due to plants and animals in my work environment.

Applicant Signature

Date

Certification and Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me in the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

My signature also attests that I am not now, nor have I ever been excluded from participation in a Medicare, state or federal healthcare program for activities including, but not limited to: patient abuse, fraud, unlawful manufacture or distribution of controlled substances and/or financial integrity. If hired, failure to disclose the above information will be cause for immediate termination.

Applicant Signature

Date

This application is for the "Position Applying For" on page 1. For consideration of any other position or for consideration at a later date, it will be necessary for you to complete and update a new application.



Disclosure to Employment Applicant
Regarding Procurement of
A Consumer Report

Please note the two authorizations that follow:

By your signatures you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from this **CRIMINAL HISTORY REPORT** is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will make available to you a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

Applicant's Name (Please Print) _____

Applicant's Address _____

City/State/Zip _____

Signature _____ 

In connection with your application for employment, please be advised that we may conduct a reference check. This **REFERENCE CHECK**, also known as an investigative consumer report, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or reference supplied by you or others.

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, which ever is later.

Applicant's Name (Please Print) _____

Applicant's Address _____

City/State/Zip _____

Signature _____ 

A summary of your rights under the Fair Credit Reporting Act is printed on the back of this release. If you would like to retain a copy of the release and the summary, please request it when you turn in the application and it will be provided.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identify theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

| TYPE OF BUSINESS: | CONTACT: |
|---|--|
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743 |
| Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600 |
| State-chartered banks that are not members of the Federal Reserve System | Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission | Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306 |
| Activities subject to the Packers and Stockyards Act of 1921 | Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051 |