

Lutheran Sunset Home

333 Eastern Ave., Grafton, ND 58237
(701) 352-1901 Fax (701) 352-1926

Application for Employment

Name _____ Telephone # _____ Date _____
(First) (Last)

Street Address _____ City _____ State _____ Zip Code _____

Position Desired: _____ Date Available _____
__Full Time __Part Time __Flex Status

Referral Source: _____ (Newspaper, Job Service, etc.)

Social Security # _____ Are you eligible to work in the United States? _____

Are you at least 16 years of age? _____ (To ensure compliance with federal & state child labor laws)

Were you previously employed by Lutheran Sunset Home? _____ If yes, when? _____

Have you ever been convicted of a crime, excluding minor traffic violations? _____
(A record will not necessarily bar you from consideration for employment. Age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into consideration.)

Have you ever been employed as a CNA? _____ If yes, list all states you worked as a CNA _____

Current CNA Certificate # _____ State where issued _____ Expiration Date _____
CNA's: If still in class, please note test site & test date here: _____

Professionals, indicate License or Certificate Number (RN, LPN, LSW, LRD, etc.)
Type: _____ State(s): _____ Number: _____ Expiration Date _____

CNA's: Have you ever had a nurse aide registry listing or certification marked for abuse? _____

RN's and LPN's: Have you ever been investigated by a Board of Nursing? _____
(If you answered yes to one of the above two questions, attach an individual page and explain in detail; include dates, places, charges, and results.)

Education Data:

Do you have a high school degree or equivalency? _____

Name & address of last school attended _____

If you have completed education beyond high school graduation or equivalency, please state:

Degree (type) _____ Major Area of Study _____

Other education relevant to position: _____

Present or Most Recent Employment Information

Company: _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Immediate Supervisor's Name & Title: _____
Position Held: _____ May we contact? _____
Duties: _____
Dates of Employment: From _____ To _____ Ending Salary: _____
Reason for Leaving: _____

Second Previous Employer

Company: _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Immediate Supervisor's Name & Title: _____
Position Held: _____ May we contact? _____
Duties: _____
Dates of Employment: From _____ To _____ Ending Salary: _____
Reason for Leaving: _____

Third Previous Employer

Company: _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Immediate Supervisor's Name & Title: _____
Position Held: _____ May we contact? _____
Duties: _____
Dates of Employment: From _____ To _____ Ending Salary: _____
Reason for Leaving: _____

If no previous work experience, list one Personal Reference:

Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____

Applicant's Certification:

"I certify that answers given herein are true, authorize their investigation, and agree that any misleading or false statements would render this application void and could be sufficient cause for immediate dismissal in the event of employment."

Signature: _____ Date: _____

Lutheran Sunset Home is an Equal Opportunity Employer

Office Use Only:

Interviewed by: _____ Date: _____
Hired? _____ Position _____ Department _____
Salary/Wage _____ Orientation/Starting Date _____ Employee # _____

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Authorization for Release of Reference Information

Having made application for employment with Lutheran Sunset Home, and desiring them to be informed of my previous record and character, I hereby authorize Lutheran Sunset Home to obtain information from educational institutions, licensing agencies, and all persons or entities named on my employment application. This information may include, but is not limited to, academic, performance, attendance, discipline, and conviction records. I hereby direct you to release such information upon the request of the bearer.

Further, I release any and all individuals and organizations contacted from all liability, whatsoever, for issuing the requested information.

If previous employment has been under another name, please print former name here:

Applicant's Signature: _____

Social Security # _____

Date: _____