

Have you ever been convicted of a crime? Yes No if so, for what when and where? _____

(Conviction of a criminal offense will not necessarily preclude your employment.)

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify applicant from employment.) _____

If yes, please explain _____

Veteran of the U.S. Military Service? _____ If yes, Branch _____

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin):

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EDUCATION	ELEMENTARY	HIGH SCHOOL	UNIVERSITY	GRADUATE
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities	Name: Location: Length of Course: Was Course Completed: Subject: General:			

Honors _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex or national origin.

1. Employer _____
Address _____ Telephone_(____) _____
Job Title _____ Supervisor _____
Dates Employed _____ Hourly Rate/Salary _____
Reason for Leaving _____
Work Performed _____
May we contact for reference: { yes { no

2. Employer _____
Address _____ Telephone_(____) _____
Job Title _____ Supervisor _____
Dates Employed _____ Hourly Rate/Salary _____
Reason for Leaving _____
Work Performed _____
May we contact for reference: { yes { no

3. Employer _____
Address _____ Telephone_(____) _____
Job Title _____ Supervisor _____
Dates Employed _____ Hourly Rate/Salary _____
May we contact for reference: { yes { no
Reason for Leaving _____
Work Performed _____

References: List three references who are not relatives or former employers:

Name and Relationship	Title	Company Name &Address	Telephone

State any additional information you feel may be helpful to us in considering your application: _____

◆ Note: Please read the following statement carefully before signing.

It is the policy of the Lutheran Home For The Aged Association –East to provide equal opportunity to all employees and applicants for employment without regard to race, color, creed, disability, national origin, age, sex, marital status, military duty, veteran status, gender, gender orientation, sexual orientation, religion, or any other classification prohibited by law and to make employment decisions consistent with this principle of equal opportunity. The LHAA-E will conduct all employment activities, including but not limited to, hiring, promotion, demotion, transfer, recruitment, advertising, layoff, discharge, rates of pay, and selection for training without regard to sex, race, color, age, religious creed, national origin, military duty, marital status, veteran status, gender identity, sexual orientation, or any other classification prohibited by law.

The information provided in this Application for Employment is true, correct, and complete. If I am accepted for employment, any misstatement or omission of fact on this application or provided in any interview may result in my dismissal. I understand that this Application for Employment and other Corporate documents are **not** contracts of employment. I understand and agree that if I am employed, my employment is for no definite period of time and may be terminated at any time, with or without prior notice, at the option of either myself or the LHAA-E, and that no promises or representations contrary to the foregoing are binding on the LHAA-E unless made in writing and signed by me and the Administrator.

I authorize the LHAA-E to thoroughly investigate my references, personal history, work record, and other matters related to my suitability for employment. I also release the LHAA-E from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I also understand that any offer of employment is conditioned upon a health evaluation by a doctor selected by LHAA-E, to determine whether I can perform the job duties. I specifically authorize, as part of the physical examination, a test for drugs and alcohol.

Additionally, I authorize the LHAA-E to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the LHAA-E deems appropriate.

NOTE TO APPLICANT: Please note that this application is considered current for six (6) months or 180 days. If you want to be considered for employment after this time, you must complete another Application for Employment.

[Signature of Applicant]

[Date Signed]

THE LUTHERAN HOME FOR THE AGED ASSOICATION-EAST

Vinton Lutheran Home
Health Care Facility (135C) Record Check

As a licensed long-term care facility, the Davenport Lutheran Home is required by law to conduct criminal background and dependent adult abuse checks on all potential employees. Please type or print legibly the following information below.

Last Name (mandatory) **First Name** (mandatory) **Middle Name** (recommended)

Maiden Name

Other last names

Date of Birth
[] [] []
Month Date Year
(mandatory)

Social Security Number
[] [] [] [] [] []
Sex (mandatory)

License Type: (Please Check)
(Please Check)

Departments:

- _____
License Number (nursing license number)
- C.N.A.
 - L.P.N.
 - R.N.
 - Activity
 - Dietary
 - Housekeeping/Laundry
 - Environmental
 - Maintenance

WAIVER

I hereby give permission for the Davenport Lutheran Home to conduct an Iowa criminal history and dependent adult abuse check with the Division of Criminal Investigation. This waiver will be kept on file and allow DCI personnel to view this waiver upon request.

Signature

Date

