



# Application For Employment

2010

St. Luke's Home  
242 Tenth Street West  
Dickinson, Nd 58601

Pre-Hire Inquiries \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ License/ Certification #: \_\_\_\_\_

Have you been employed here before? Yes \_\_\_ No \_\_\_ Dates: \_\_\_\_\_

Are you a Citizen of the United States? Yes \_\_\_ No \_\_\_ Emergency Contact: \_\_\_\_\_

If no, do you possess an Alien Registration Card? Yes \_\_\_ No \_\_\_

Are you an International Student? Yes \_\_\_ No \_\_\_ If yes, field of study: \_\_\_\_\_

Are you available to work: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Shift(s) Any: \_\_\_\_\_ Day Shift: \_\_\_\_\_ P.M. Shift: \_\_\_\_\_ Night Shift: \_\_\_\_\_

Do any of your friends work here? Yes \_\_\_ No \_\_\_ Names: \_\_\_\_\_

Do any of your relatives work here? Yes \_\_\_ No \_\_\_ Names: \_\_\_\_\_

Are you subject to recall? Yes \_\_\_ No \_\_\_ Company/Military Service \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Have you ever been certified as a Nursing Assistant in another state? Yes \_\_\_ No \_\_\_ If yes, which state(s) \_\_\_\_\_

Have you ever been convicted of abuse of persons in your care? Yes \_\_\_ No \_\_\_

If yes explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If yes explain: \_\_\_\_\_

## Personal References

Personal Reference (not related to you)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_  
How long have you known this Person: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_  
How long have you known this Person: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_  
How long have you known this Person: \_\_\_\_\_

## (FOR OFFICE USE ONLY)

### Pre-Hire Checklist

Referred by: \_\_\_\_\_ 1. Reference Checks: a. Employment: \_\_\_\_\_

Experience: \_\_\_\_\_ b. Personal: \_\_\_\_\_

2. Background Check Done: \_\_\_\_\_

3. License/Registration Clear (All Dept. check CNA Registry): \_\_\_\_\_

4. OIG Exclusion List: \_\_\_\_\_

## Employment History

Starting with present or last job, list all jobs held including military service assignments.

1. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Wage/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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2. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Wage/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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3. Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Wage/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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List special skills and qualifications acquired from employment and other experiences: \_\_\_\_\_

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Education: List years of school completed and Diploma/Degree: \_\_\_\_\_

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## Release

Having made application for employment with St. Luke's Home and desiring them to be informed as to my previous record and character, I hereby authorize St. Luke's Home to investigate my past record and ascertain any and all information which may concern my record and character, whether same is record or not, and release my present and past employers, references and all persons whomsoever from any damage because of furnishing said information.

I certify that answers given on this form are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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