



Application For Employment

2017

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

An Affirmative Action / Equal Opportunity Employer

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: _____

Emergency Phone Number: _____ Email Address: _____

Can you provide proof you are eligible to work in US if offered employment? Yes ___ No ___

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: _____

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: _____

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

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

List special skills and qualifications acquired from employment and other experiences: _____

Education: List years of school completed and Diploma/Degree: _____

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.

Applications are considered active for 90 days. This application is retained for one year after submission.

Signature: _____ Date: _____

TOBACCO FREE FACILITY: Our tobacco-free policy is established to:
Protect the health and safety of all Employees and Visitors to the Workplace Property.
Reduce the exposure of Employees and Visitors to smoking, secondhand smoke and the use of other Tobacco Products.
Establish a standard of healthy, tobacco-free behavior.
Encourage employees who currently use tobacco products to utilize available cessation.

