

AMERICAN LUTHERAN HOMES, INC.
AMERICAN LUTHERAN COMMUNITY SERVICES, INC.

915 Elm Ave, Menomonie, WI 54751 200 Memorial Drive, Mondovi, WI 54755

APPLICATION FOR EMPLOYMENT

No question on this form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, creed, disability, ancestry, arrest or conviction record, sexual orientation, or status with regard to public assistance.

This application will be retained in our active file for six months. If you have not been employed within this period and are still interested in employment at American Lutheran Homes (ALH) or American Lutheran Community Services (ALCS), please contact the office and request your application be reactivated.

A copy of the job description for the job for which you are applying, which identifies the essential functions of the job, is available upon request.

If you are offered a job with ALH or ALCS (1) you may, depending on the particular job you are offered, be required to take a physical exam at the Foundation's expense, to determine if you are physically capable, with or without accommodation, of performing the essential functions of the job; and (2) you will be asked to provide your full name, sex, race and date of birth to allow ALH or ALCS to obtain information from the State Crime Information Bureau. Federal law prohibits health care facilities from hiring individuals convicted of abusing, neglecting, or mistreating other individuals in a health care or related setting. ALH/ALCS is required to make a reasonable effort to uncover information about any past criminal prosecution.

Any job offer made by ALH or ALCS is contingent upon a satisfactory physical examination, if one is required, and a report from the Crime Information Bureau showing no criminal record or pending charge that substantially relates to the circumstances of the particular job offered.

Name _____ Soc. Sec. # _____

Address _____ Position Applied for _____

Referral Source _____ Telephone _____

Best time to call you at home is _____ am/pm May we contact you at work? _____ If yes, work number _____

Are you 18 years of age or older? _____ yes _____ no Date available for work _____

Type of employment: full time _____ part time _____ temporary _____ Hourly wage expected _____

Shift preference: Days _____ PM's _____ Nights _____ Other _____

Are you available to work Saturdays and Sundays? _____

Do you have any commitments or responsibilities that might prevent you from meeting attendance requirements or that might require lengthy absence from work? _____

Name and relationship of relatives employed at ALH and/or ALCS _____

Other names under which you have been employed _____

EDUCATION

	Name & Location of School	No. Years Completed	Did you Graduate?	Course of Study	Degree
Elementary	_____	_____	_____	_____	_____
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

List any special skills or qualifications _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, and position applied for will be taken into account.
 Have you ever pled "guilty", "no contest" to, or been convicted of a crime? _____

If yes, please provide dates and details _____

Have you ever been employed by ALH, ALCS or Grace Lutheran Foundation? _____

if yes, give dates and locations _____

Have you ever submitted an employment application with ALH or ALCS? _____

If yes, when and position applied for _____

Are you legally eligible for employment in this country? ____yes ____no

Are you presently employed? _____ May we contact your present employer? _____

EMPLOYMENT RECORD

List every employment whether or not it seems relevant to position applied for. If lapses occurred between periods of employment, give dates of and reason for unemployment. **List most recent position first.**

Employer _____ Supervisor _____

Address _____ Telephone _____

_____ Salary _____

Employed from _____ to _____ Job Title _____

Description of duties _____

Reason for leaving _____

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Employer _____ Supervisor _____

Address _____ Telephone _____

_____ Salary _____

Employed from _____ to _____ Job Title _____

Description of duties _____

Reason for leaving _____

|||||

Employer _____ Supervisor _____

Address _____ Telephone _____

_____ Salary _____

Employed from _____ to _____ Job Title _____

Description of duties _____

Reason for leaving _____

|||||

Employer _____ Supervisor _____

Address _____ Telephone _____

_____ Salary _____

Employed from _____ to _____ Job Title _____

Description of duties _____

Reason for leaving _____

ADDITIONAL DETAILS: Please list any additional employment not shown above, or any information you believe would be helpful to us. (You may exclude all information indicative of age, sex, race, religion, color, national origin, marital status or disability).

REFERENCES

Do not list former employers or relatives.

Name _____ Address _____

Telephone _____

Occupation _____



Name _____ Address _____

Telephone _____

Occupation _____



Name _____ Address _____

Telephone _____

Occupation _____



I hereby declare the information provided by me in the Application for Employment (and accompanying resume, if any), is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I understand that ALH and/or ALCS reserves the right to withdraw any job offer.

I understand that my employment can be terminated, with or without cause, at any time, at the discretion of either ALH/ALCS or myself. I understand that no management official other than the Executive Director Team of ALH/ALCS has any authority to enter into any agreement contrary to the foregoing or make any oral assurance of promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resumes, if any), to provide any relevant information that may be required to arrive at an employment decision.

Date _____ Signature _____