

LUTHER HAVEN APPLICATION FOR EMPLOYMENT

Date _____

(Name – Last) (First) (Middle) (Phone Number)

(Address – Street) (City) (State) (Zip)

Are you at least 18 or older: () Yes () No
If No, please explain _____

Position Desired: _____

Would you work: () Full-time () Part-time

Specify Hours Preferred: Day Shift Afternoon Shift Overnight Shift

If your application is considered favorably, on what date will you be available to work? _____

List any training, education, or licensure that you have received for this position:

Were you previously employed by us? () Yes () No

(Please indicate if you were employed under another name) _____

Are you legally eligible for employment in this country? () Yes () No

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

What prompted you to apply here for employment? _____

Where did you hear about this position?

- Indeed
- Word of Mouth
- Facebook
- Print Ad
- Other Online Posting
- Other
- Luther Haven Employee (List their Name) _____

Regulations require all Luther Haven/Copper Glen employees to either be fully vaccinated for Covid-19 or have an approved exemption. Please choose one of the options below.

- I am fully vaccinated for Covid-19
- I request a Luther Haven Exemption

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

EMPLOYMENT HISTORY

Indicate below all work experience beginning with your **CURRENT** or **MOST RECENT** position. Include military experience which may relate to the position for which you are applying.

IF WORK OR EDUCATIONAL EXPERIENCE WAS OBTAINED UNDER ANOTHER NAME, PLEASE INDICATE:

EMPLOYMENT DATES: FROM: Month__YR____ TO: Month__YR.____	EMPLOYER: (Company Name)	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR:	STREET ADDRESS:	
TITLE OF POSITION YOU HELD:	CITY:	
SUMMARIZE YOUR JOB DUTIES:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL	SALARY:
		START:
		END:

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCE/VERIFICATION PURPOSE? YES NO

DATE OF REFERENCE CHECK: _____

WHO WAS CONTACTED: _____

SIGNATURE OF PERSON REQUESTING REFERENCE: _____

COMMENTS: _____

EMPLOYMENT DATES: FROM: Month__YR____ TO: Month__YR.____	EMPLOYER: (Company Name)	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR:	STREET ADDRESS:	
TITLE OF POSITION YOU HELD:	CITY:	
SUMMARIZE YOUR JOB DUTIES:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL	SALARY:
		START:
		END:

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCE/VERIFICATION PURPOSE? YES NO

DATE OF REFERENCE CHECK: _____

WHO WAS CONTACTED: _____

SIGNATURE OF PERSON REQUESTING REFERENCE: _____

COMMENTS: _____

EMPLOYMENT DATES: FROM: Month__YR____ TO: Month__YR.____	EMPLOYER: (Company Name)	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR:	STREET ADDRESS:	
TITLE OF POSITION YOU HELD:	CITY:	
SUMMARIZE YOUR JOB DUTIES:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CASUAL	SALARY:
		START:
		END:

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER FOR REFERENCE/VERIFICATION PURPOSE? YES NO

DATE OF REFERENCE CHECK: _____

WHO WAS CONTACTED: _____

SIGNATURE OF PERSON REQUESTING REFERENCE: _____

COMMENTS: _____

REFERENCES

Please list 2 references other than family members or past supervisors already listed above:

1. _____
NAME PHONE

2. _____
NAME PHONE

DATE OF REFERENCE CHECK: _____

WHO WAS CONTACTED: _____

SIGNATURE OF PERSON REQUESTING REFERENCE: _____

COMMENTS: _____

READ BEFORE SIGNING

I authorize investigation of all statements contained in this application and I understand that misinformation or omission of information not given on my employment application form and during the physical examination is sufficient cause for discharge, if I am employed.

I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures or handbooks I might receive, is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing and signed by an authorized representative of the company. If an employment relationship is established, I understand that I have the made in writing and signed by an authorized representative of the company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and the company retains a similar right regarding the discontinuation of my employment.

I understand that a criminal background check will be performed, education credits, and previous employment history will be verified prior to employment. Signing this application is authorization to do so.

Date Signature of Applicant

AN EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER

Applicant Survey Form

LAST NAME	FIRST NAME	MIDDLE INITIAL(S)
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DATE	POSITION FOR WHICH YOU ARE APPLYING
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Please read carefully:

As an affirmative action employer, we must monitor our equal employment opportunity and affirmative action program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative and adverse treatment.

The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and *for no other purpose*. When we receive this form we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us in an envelope, separate from the one that contains your application.

Race/Ethnicity –Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation of community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Disability – Are you a person with a disability?

Yes No

Sex – Select One

Female Male

**This form is not used for employment decisions. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, please notify us in some other manner.