



APPLICATION FOR EMPLOYMENT

Entire form must be completed to be considered for employment. Please request any accommodations needed to complete form.

**P E R S O N A L**

LAST NAME	FIRST	MIDDLE	DATE APPLIED
ADDRESS	STREET	APT#	
CITY	STATE	ZIP CODE	HOME PHONE
EMAIL ADDRESS			CELL PHONE
How did you hear about this company? <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Walk-in <input type="checkbox"/> Company Website <input type="checkbox"/> Other _____ <input type="checkbox"/> Referral By Who? _____			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18 years of age, can you produce a work permit upon hire? <input type="checkbox"/> Yes <input type="checkbox"/> No  If hired, can you show proof of legal authorization to work in the United States? (Proof of citizenship or immigration will be required) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Pay Rate/Salary: _____ Desired Pay Rate/Salary: _____ Do you want to work? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual hours – as needed If Part-Time, how many hours per week? _____ If Temporary, specify period you want to work: From _____ to _____ Work Schedule Desired? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Open <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends Date available to start work: _____ For what job(s) are you applying? _____ For which location(s) are you applying? _____			
Have you previously applied with Bethesda Lutheran Communities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ When? _____ Which position(s)? _____  Have you previously been employed by Bethesda Lutheran Communities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ When? _____ Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name(s)? _____  Do you have any relatives that work for Bethesda Lutheran Communities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name(s) and relationship(s): _____ _____			

After reviewing the job description, is there anything which would interfere with your ability to satisfactorily perform the duties described in the description(s) of the job(s) for which you are applying?  Yes  No

Have you ever been convicted of, or pled guilty or no contest to, a felony, misdemeanor or ordinance violation other than a minor traffic violation or been given deferred adjudication?  Yes  No

If yes, state the nature of the offense and how it was resolved: \_\_\_\_\_

\*\* CA applicants do not need to disclose marijuana convictions more than 2 years old.

Are there any charges pending against you?  Yes  No

\*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

### E D U C A T I O N

School	Name and Location of School (City and State)	Last Year Completed				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study
		1	2	3	4		
High School		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nursing Education		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical Education		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any other special activities, training, experience, or activities that you believe would be of value to Bethesda and/or the job(s) you are applying for:

### P R O F E S S I O N A L L I C E N S E S A N D / O R C E R T I F I C A T I O N S

Are you currently?:  Registered  Licensed  Certified

Are you eligible for?:  Registration  Licensure  Certification

Type:  State  National      Expiration Date: \_\_\_\_\_      Number: \_\_\_\_\_

Type:  State  National      Expiration Date: \_\_\_\_\_      Number: \_\_\_\_\_

Are you listed on a Certified Nurse Aide Registry in any state?  Yes  No

If yes, in which state? \_\_\_\_\_



**E M P L O Y M E N T   H I S T O R Y**

<b>5</b>	Company Name	Telephone (including area code)
	Address	Month and Year Employed From _____ To _____
	Name of Supervisor	Rate of Pay
	Job Title and Describe Work Performed	Reason for Leaving:
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when may we contact this employer? _____

**EQUAL OPPORTUNITY EMPLOYER**

Bethesda Lutheran Communities is an equal opportunity employer. All qualified candidates will be considered without regard to race, color, religion, sexual orientation, genetic information, national origin or ancestry, gender, age disability or handicap, veteran status, or any other basis prohibited by federal or state specified protected categories.

**NOTE: APPLICATION WILL BE RETAINED FOR ONE YEAR FROM DATE APPLIED.** At the end of this period, if you are still interested in employment, it will be necessary for you to complete a new application.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I certify this application was completed by me and the entries contained in this application are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application may be grounds for rejection of this application or dismissal from employment if subsequently discovered.

I authorize an inquiry which may provide information background concerning my character, general reputation, and past work performance. I hereby authorize Bethesda Lutheran Communities to inquire, and also authorize the request of each former employer, educational institution, persons, credit bureaus, governmental and law enforcement agencies to answer all questions which may be legally asked, and to release all information which may be legally sought. I hereby release all parties from any liability or responsibility for doing so.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at anytime without any prior notice. I further understand that only the CEO of Bethesda Lutheran Communities has the authority to create or enter into any employment contract on behalf of Bethesda Lutheran Communities.

If hired, I agree to comply with all rules, regulations, and employment policies of Bethesda Lutheran Communities.

Print Name: \_\_\_\_\_

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

**CONSENT FOR PRE-EMPLOYMENT AND DRUG TESTING:**

I, \_\_\_\_\_ hereby give my consent to Bethesda Lutheran Communities, and its agents or independent contractors, to perform appropriate tests or examinations on me for alcohol, illegal drugs, and/or other pre-employment tests, with the results of these tests or examinations to be released to BLC for whatever use it deems fair and appropriate under the circumstances. Results of tests will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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