

Lutheran Services in Iowa

Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Name _____ Date _____

Other Names Used in Past (for reference purposes) _____

Address _____
Street
City
State
Zip

Telephone _____ (home) Social Security Number: _____
 _____ (office) Are you over 18 years old? Yes No
 _____ (cell)

Driver's License Verification: State _____ Driver's License Number: _____

E-mail address: _____

POSITIONS APPLIED FOR: 1. _____ 2. _____

Wage or salary desired? \$ _____ When you can start? _____

How did you learn of this opening? newspaper ad LSI website Internet _____
 radio word of mouth/referral _____ Other _____

Have you worked for Lutheran Social Services, Bremwood or Lutheran Services in Iowa before? Yes No

Do you have a valid driver's license? Yes No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? Yes No

Can you perform these essential functions? Yes No

Shift preferred 1st 2nd 3rd Number of hours per week Occasional Part-Time Full-Time
(1-24 hours) (24-32 hours) (40 hours)

Are you willing to work overtime as required? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

	Name and Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/Univ.				
College/Univ.				

Military History or Current Obligation _____

Other Training/Related Education (include nursing license number if applicable) _____

WORK HISTORYMay we contact this employer? Yes No

Most Recent Employer		Address		Telephone	
Date Started	Starting Salary: \$	Per	Starting Position		# hours worked per week
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor			Reason for Leaving (Be Specific)		
Description of Duties					

May we contact this employer? Yes No

Most Recent Employer		Address		Telephone	
Date Started	Starting Salary: \$	Per	Starting Position		# hours worked per week
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor			Reason for Leaving (Be Specific)		
Description of Duties					

May we contact this employer? Yes No

Most Recent Employer		Address		Telephone	
Date Started	Starting Salary: \$	Per	Starting Position		# hours worked per week
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor			Reason for Leaving (Be Specific)		
Description of Duties					

May we contact this employer? Yes No

Most Recent Employer		Address		Telephone	
Date Started	Starting Salary: \$	Per	Starting Position		# hours worked per week
Date Left	Salary on Leaving: \$	Per	Position on Leaving		
Name and Title of Supervisor			Reason for Leaving (Be Specific)		
Description of Duties					

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our agency?

REFERENCES

Name _____	Relationship _____
Street Address _____	
City, State, Zipcode _____	
Day Phone _____	Evening Phone _____
Cell Phone _____	Email _____

Name _____	Relationship _____
Street Address _____	
City, State, Zipcode _____	
Day Phone _____	Evening Phone _____
Cell Phone _____	Email _____

Name _____	Relationship _____
Street Address _____	
City, State, Zipcode _____	
Day Phone _____	Evening Phone _____
Cell Phone _____	Email _____

Name _____	Relationship _____
Street Address _____	
City, State, Zipcode _____	
Day Phone _____	Evening Phone _____
Cell Phone _____	Email _____

BACKGROUND CHECKS

The Code of Iowa prohibits employment of individuals with a record of criminal conviction or founded child abuse report in positions where an agency employee is or might be directly involved in the care of children. Therefore, Lutheran Services in Iowa prohibits employment of persons with a record of criminal conviction or a founded child abuse report unless given permission to do so by the State. Pursuant to requirements of the State, expunged and deferred judgments must also be reported below and evaluated by the State.

Do you currently use substances, smoke marijuana or use any other "illicit" drugs? Yes No

Have you ever committed or had substantiated instances of dependent adult/child abuse, neglect, or sexual abuse? Yes No

Are you now under charges for any offense, including dependent adult/child abuse, neglect, or sexual abuse? Yes No

Have you ever been convicted of dependent adult/child abuse, neglect, or sexual abuse? Yes No

Have you ever been convicted of any offense against the law, including deferred judgments, or forfeited collateral? Yes No

Date: _____ Charge: _____ Place: _____
Court: _____ Action Taken: _____
Date: _____ Charge: _____ Place: _____
Court: _____ Action Taken: _____

I also give my permission to have any requested record checks made by the Division of Criminal Investigation and the Iowa Central Child Abuse Registry. Yes No

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, or misrepresentations may result in my dismissal. I authorize Lutheran Services in Iowa to make an investigation of any of the facts set forth in this application.

I acknowledge that consideration for employment is contingent on the results of a reference check, criminal record check, background check, motor vehicle report, OIG LEIE report, negative drug screen result, my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986 and upon verification of the information provided by me in my application, my resume or in other parts of the application process.

I understand that in making this application for employment, Lutheran Services in Iowa or any agent acting on its behalf may request an investigative consumer report or other such information obtained through personal interviews with third parties such as neighbors, friends, business associates, financial sources and acquaintances. I authorize Lutheran Services in Iowa, its affiliates and representatives to verify all information provided by me in the application process and to inquire into my character, general reputation, personal characteristics and mode of living. I expressly authorize all employers, personnel, schools, companies, corporations, and law enforcement agencies to supply any and all information concerning my qualifications for employment and to verify the information given by me herein or elsewhere in the application process. In consideration for being a candidate for employment, I release Lutheran Services in Iowa, related entities, as well as any individual or entity providing information from any and all liability in connection with inquires and investigations, information given, decisions made, or action taken concerning my employment based on such information. I further understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information concerning the nature and scope of the investigation.

I understand that employee screening or other tests, including drug screen, may be a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into written employment contracts on behalf of the Lutheran Services in Iowa. I hereby acknowledge that no verbal promises or contracts are authorized by the Lutheran Services in Iowa and upon my acceptance of employment, I expressly acknowledge that no such verbal promises, inducements, or verbal contracts have been made.

I understand that employment at Lutheran Services in Iowa is "at will," which means that either I or Lutheran Services in Iowa can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of Lutheran Services in Iowa, other than the president has any authority to alter the foregoing.

Date _____ Applicant's Signature _____

Any additional information the applicant wishes to add:



Confidential Information Form

Dear Job Applicant:

It is the policy of Lutheran Services in Iowa to provide equal employment opportunities to all persons. The policy prohibits discrimination in all aspects of agency personnel policies and practices according to federal, state, or local human rights laws.

The information you provide will not be used in the employment selection process. It will, however, help us comply with government regulations and government reporting and recordkeeping. Providing this information is voluntary, and refusal to provide information will not have a negative effect on your status as an applicant. Thank you for your cooperation.

Date of Birth: _____

DO NOT WRITE YOUR NAME ON THIS FORM

Gender (check one):

Male Female

Race/Ethnic Group (check one):

- White
 Black
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 Asian
 American Indian or Alaskan Native
 Two or more races

Special Disabled Veteran:

Yes No

A special disabled veteran is a person who is entitled to compensation under laws administered by the Department of Veterans Affairs for disability rated at 30 percent or more; or, rated at 10 or 20 percent, if it has been determined that the individual has a serious employment disability; or, a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era:

Yes No

A person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

Disabled Individual:

Yes No

A person with a disability is any person who (1) has a physical, sensory or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

This information needs to be forwarded to **Capacity Development**