St. Luke Homes & Services, Inc.

1301 St. Luke Drive ~ Spencer, Iowa 51301 ~ (712) 262-5931

Application for Employment

DATE:	_					
POSITION DESIRED:					☐ FULL-1	ΓIME □ PART-TIME
SHIFTS AVAILABLE TO WORK:	□ 6 a.m. –	- 6 p.m.	☐ 6 p.m	. – 6 a.m.	(Skilled Nursin	g & CNAs only)
	☐ 6 a.m. –	- 2:30 p.m.	□ 2 p.m	. – 10:30 p.m.	□ 10 p.m. – 6	:30 a.m.
We are an Equal Opportunity E compensate and promote with orientation, marital status, disa No question on this application employment on bases prohibit to all persons. Those applicants process should notify a represently.	out regard to ability, veterand is used for the ed by local, state requiring rea	race, religio I status or al e purpose o ate or Feder sonable acc	n, creed, con other baseling of limiting of law. Equations of the commodations of the	olor, national on asis protected by rexcluding any al access to em on to complete	origin, age, gende by applicable fed or applicant from apployment and p or the application	er, transgender, sexual eral, state or local law consideration for rograms are available and/or interview
PERSONAL INFORMATION						
(FIRST NAME)	MI) (I	LAST NAME)		(PHONE	NUMBER)
(STREET ADDRESS)		(EMAIL A	DDRESS)		_	
(CITY)	STATE)	ZIP C	ODE)			
STATE AGE IF UNDER 18 YEARS	OF AGE:			ARE YOU	21 OR OLDER?	O Yes O No
ARE YOU CERTIFIED FOR THE P	OSITION YOU	ARE APPLYII	NG FOR?	O Yes O	No	
If YES, please list License or Cer	tificate Numb	er:				
YEARS AT PRESENT ADDRESS: _		IF LES	SS THAN 3 Y	/EARS GIVE PRI	EVIOUS ADDRESS	5:
(ADDRESS)		Y)				(7IP)

FORMAL EDUCATION

INSTITUTION NAME AND LOCATION OF SCHOOL)			(FROM)		
(DEGREE)					
(INSTITUTION NAME AND LOCATION OF SCHOOL)			(FROM)		
(DEGREE)					
(INSTITUTION NA	STITUTION NAME AND LOCATION OF SCHOOL)			(TO)	
(DEGREE)					
WORK EXPERIEN	NCE				
1					
(FROM)	(TO)	(COMPANY AND ADDRESS)			
(POSITION)		(SUPERVISOR)	(PHONE NUM		
(REASON FOR LE	AVING)				
2.	_				
(FROM)	(TO)	(COMPANY AND ADDRESS)			
(POSITION)		(SUPERVISOR)	(PHONE	NUMBER)	
(REASON FOR LE	AVING)				
3					
(FROM)	(TO)	(COMPANY AND ADDRESS)			
(POSITION)		(SUPERVISOR)	(PHONE NUMBER)		
(REASON FOR LE	AVING)				

May we call to verify employment? O Yes O No	If No, which employer(s) and why?
List any experience or special training related to the job applied for:	
Have you ever worked for this Company before? O Yes O No	
If yes, where and when?	
WORK / PERSONAL REFERENCES	
Do you know anyone who works or has ever worked for this Company?	O Yes O No
f yes, please give names:	
List three persons, not relatives, which you have known for at least three	years:
l(NAME)	(PHONE NUMBER)
(ADDRESS INCLUDES STREET, CITY, STATE AND ZIP CODE)	(OCCUPATION)
2 (NAME)	(PHONE NUMBER)
(ADDRESS INCLUDES STREET, CITY, STATE AND ZIP CODE)	(OCCUPATION)
3	(PHONE NUMBER)
(ADDRESS INCLUDES STREET, CITY, STATE AND ZIP CODE)	(OCCUPATION)

OTHER INFORMATION Have you ever been convicted of o	or pled no contest	to an offense other	than a minor traffic	violation?	O Yes	O No
(Do not include convictions while	a minor.)					
If YES, state the nature of the offe automatic bar to employment and the employer will be considered a	the nature, recen	icy, disposition of ar	offense, and other			
Would you be willing and able to լ	perform ALL tasks	required by the job	for which you are a	pplying?	O Yes	O No
If NO, explain:					_	
Where did you learn of this emplo	yment opportunit	y?				
☐ Paper/Shopper	☐ Radio	☐ Internet	☐ Friend	☐ Oth	er	
STATEMENT OF CERTIFICATION						
I understand that misrepresentation, for employment. I certify all statemer statements given in my application or	nts given herein are t	true and complete and	d, if employed, under	stand that fals	se and mis	
I authorize investigation of all statem arriving at an employment decision. I liability of any kind arising from such	hereby release the 0	Company, and all pers	ons and organization	s, from any ar		-
In signing this application, I state that I will be required to fulfill all aspects of the job may be grounds for termination	of any job if I am hire		=			
I also understand that I am required t drug testing, and x-rays if requested, agree that my employment or offer o for this physical.	and if such reports s	how that I do not mee	et the required medic	al standards f	or this po	sition, I
If uniforms or any St. Luke Homes & S when I am no longer employed at St. amount of cost prorated from my pay	Luke Homes & Servi				_	
I understand that I am required to ha I understand that my employment wi without notice or cause at any time. I procedure constitutes an employmen Employer. Any changes to this employrules and regulations of St. Luke Hom	th the Employer is for further understand at contract or modific yment relationship r	or no specific term and that no oral promise, cation of the at-will er	d may be terminated Employer policy, cust nployment relationsh	by me or the loom, business hip between m	Employer practice one and the	with or or other

(SIGNATURE OF APPLICANT)

(DATE)