

# APPLICATION FOR EMPLOYMENT

## LUTHERAN SOCIAL SERVICES

715 Falconer Street  
Jamestown, New York 14701  
716-665-4905



### COMPLETE APPLICATION CLEARLY AND ACCURATELY

Applications will be considered for a period of six months

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

Name: \_\_\_\_\_  
Last First MI

Present Address \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Number & Street Apt. #

PO Box (if applicable) \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

City State Zip \_\_\_\_\_ Work Telephone: \_\_\_\_\_

EMAIL Address \_\_\_\_\_ @ \_\_\_\_\_

Are you over 18 years of age?  Yes  No If not, employment is subject to verification of minimum legal age.

In the past 7 years have you pled "guilty" or "no contest to", or been convicted of a crime?  Yes  No

If yes, please provide date(s) and details. \_\_\_\_\_

### Job Interest

Position(s) desired (*be specific*): \_\_\_\_\_ Wages Expected: \_\_\_\_\_  
"ANY" is not acceptable \_\_\_\_\_

Date Available for Work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Do You Prefer:

- Full Time
- Part Time
- Per Diem
- Student
- Temporary

#### Are You Available to Work:

	YES	NO
Holidays	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>
Overtime	<input type="checkbox"/>	<input type="checkbox"/>
On Call	<input type="checkbox"/>	<input type="checkbox"/>

**Shift Preference:**  Day  Evening  Night  Any

Have you ever worked for LSS before?  Yes  No When? \_\_\_\_\_

Any friends or relatives working at LSS?  Yes  No Who? \_\_\_\_\_ Relation: \_\_\_\_\_

Have you ever applied at LSS before?  Yes  No When? \_\_\_\_\_

Who referred you to LSS? \_\_\_\_\_

### Professional Licensing

Are you currently licensed/Certified in New York State?  Yes  No For What? \_\_\_\_\_

License/Certificate #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

## EMPLOYMENT HISTORY

Give Employment Record - As Completely As Possible - Starting With Your Present or Last Employer

Company Name	Telephone (       )
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	Reason for Leaving May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone (       )
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	Reason for Leaving May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone (       )
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	Reason for Leaving May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone (       )
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	Reason for Leaving May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Education**

Type	School & Address	Did you Graduate?	Academic Major	Degree Received
High School				
College				
Trade or Technical				
Other				

**U.S Military**

Branch of U.S. Military Service

Military School

Area of Specialization

**References**

Give a Minimum of Four References (Preferably Work Related)

**DO NOT USE RELATIVES**

Name	Address	Telephone
	Street	Work:
	City, State, Zip	Home:
	Street	Work:
	City, State, Zip	Home:
	Street	Work:
	City, State, Zip	Home:
	Street	Work:
	City, State, Zip	Home:
	Street	Work:
	City, State, Zip	Home:

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all information I have given on this application is true and complete and understand that any false information or the omission of information may be considered as sufficient reason to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I understand that, if employed by LSS, it will be on a probationary basis. I also recognize that this is not an employment contract. **Employment will be at-the-will** of the company and can be terminated at anytime. If I am hired, I understand that I am free to resign at any time, with or without cause and with proper notice as required by LSS Human Resources policy.

I understand that, according to LSS's policy, I am required to undergo a drug-screening test as a condition of employment. To comply with that requirement, I consent to providing a sample of my urine prior to employment and again at any time requested. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by LSS as a condition of my employment. I hereby give my permission to the release of all information which LSS deems necessary to determine my abilities to perform job duties now and in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from LSS. I also understand that failure to pass an alcohol or drug screening at any time during my employment may result in immediate discharge from LSS.

I hereby authorize LSS to investigate my employment records with former employers, personal references and to make any further investigations deemed necessary in connection with my application for employment. I do hereby release LSS and all informants from all liability resulting from such investigations. I waive all rights to see or review the information so furnished.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. It will be necessary to reapply and fill out a new application if I have not heard from LSS and still wish to be considered for employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE  
I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**INTERVIEWER USE ONLY**

Interviewer: \_\_\_\_\_

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

Title of Position: \_\_\_\_\_

**Offer:**  Yes  No **Deselect:**  Yes  No

Unit (nursing): \_\_\_\_\_

Full Time, Part Time or Per Diem: \_\_\_\_\_

**For HR purposes only:**

Department \_\_\_\_\_

Rate \_\_\_\_\_

Position \_\_\_\_\_

Accepted \_\_\_\_\_

Letter Sent \_\_\_\_\_

Physical \_\_\_\_\_

Drug Test \_\_\_\_\_

Orientation \_\_\_\_\_