

ILC IS AN EQUAL OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION IN THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY HUMAN RESOURCES. PLEASE DO NOT INCLUDE INFORMATION THAT IS NOT REQUESTED ON THIS FORM.

DATE OF APPLICATION: \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

(A POSITION OR POSITIONS MUST BE LISTED)

FACILITY:      BUFFALO HILL TERRACE                                      IMMANUEL SKILLED CARE CENTER (INCLUDES THE RETREAT)

NAME: \_\_\_\_\_

LAST                                     FIRST                                     MIDDLE                                     PREVIOUS LAST NAME

ADDRESS: \_\_\_\_\_

STREET OR PO BOX                                     CITY                                     STATE                                     ZIP

HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ WHICH IS YOUR PREFERRED PHONE?    HOME    CELL

E-MAIL ADDRESS: \_\_\_\_\_ LAST 4-DIGITS OF SOC SEC # \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> WALKED IN                     | <input type="checkbox"/> RELATIVE/NEIGHBOR/ACQUAINTANCE | <input type="checkbox"/> STAFFING AGENCY |
| <input type="checkbox"/> MONTANA JOB SERVICE           | <input type="checkbox"/> COLLEGE/UNIV. CLASS            | <input type="checkbox"/> JOB FAIR        |
| <input type="checkbox"/> ADVERTISEMENT (WHERE?): _____ |   | <input type="checkbox"/> WEBSITE: _____  |
| <input type="checkbox"/> EMPLOYEE OF ILC _____         |   |  |

- ARE YOU AT LEAST 14 YEARS OF AGE?                                      YES    NO
- ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?                                      YES    NO
- HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?                                      YES    NO
- IF "YES", GIVE DATE(S):                                     FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_                                     TO: \_\_\_\_/\_\_\_\_/\_\_\_\_
- DATE AVAILABLE FOR WORK \_\_\_\_/\_\_\_\_/\_\_\_\_                                     WHAT IS YOUR DESIRED WAGE/SALARY? \_\_\_\_\_
- TYPE OF EMPLOYMENT DESIRED    FULL-TIME    PART-TIME    PRN (AS NEEDED)    TEMPORARY    INTERNSHIP
- ARE YOU AVAILABLE TO WORK ALL SHIFTS/DAYS?                                      YES    NO
- IF "NO", LIST WHEN YOU ARE NOT AVAILABLE: \_\_\_\_\_
- WILL YOU WORK OVERTIME IF REQUIRED?                                      YES    NO
- DO YOU CONSENT TO RECEIVING THE REQUIRED ANNUAL INFLUENZA (FLU) IMMUNIZATION ("SHOT")?                                      YES    NO
- CAN YOU SAFELY PERFORM ALL FUNCTIONS OF THIS POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION?                                      YES    NO
- HAVE YOU EVER BEEN BONDED?                                      YES    NO
- HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME?                                      YES    NO
- IF YES, PROVIDE DATE(S) AND DETAILS \_\_\_\_\_

(ANSWERING "YES" IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE CONSIDERED.)

DO YOU CONSENT TO A CRIMINAL BACKGROUND CHECK?                                      YES    NO

## EMPLOYMENT HISTORY

PROVIDE THE FOLLOWING INFORMATION FOR YOUR 3 MOST RECENT POSITIONS. LIST YOUR CURRENT OR MOST RECENT WORK FIRST.

CURRENT/MOST RECENT EMPLOYER      TELEPHONE # REQUIRED	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED & RESPONSIBILITIES
	FROM	TO	
ADDRESS			
STARTING JOB TITLE / FINAL JOB TITLE			
IMMEDIATE SUPERVISOR & TITLE			
REASON FOR LEAVING			
IF CURRENTLY EMPLOYED, ARE YOU OK IF WE VERIFY WITH YOUR CURRENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED & RESPONSIBILITIES
	FROM	TO	
TELEPHONE # REQUIRED			
ADDRESS			
STARTING JOB TITLE / FINAL JOB TITLE			
IMMEDIATE SUPERVISOR & TITLE			
REASON FOR LEAVING			

EMPLOYER	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED & RESPONSIBILITIES
	FROM	TO	
TELEPHONE # REQUIRED			
ADDRESS			
STARTING JOB TITLE / FINAL JOB TITLE			
IMMEDIATE SUPERVISOR & TITLE			
REASON FOR LEAVING			

**RELEVANT PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS**

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES, AND/OR CERTIFICATES THAT MAY QUALIFY YOU AS BEING ABLE TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING.

TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION	NUMBER
TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION	NUMBER

**EDUCATIONAL BACKGROUND (IF JOB RELATED)**

LIST LAST THREE (3) SCHOOLS ATTENDED WITH INFORMATION REQUESTED, STARTING WITH MOST RECENT.

SCHOOL & TOWN	# OF YEARS COMPLETED	DEGREE / DIPLOMA ?	GPA / CLASS RANK	MAJOR	MINOR

**LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC.**

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, DISABILITIES, VETERAN/RESERVE/NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

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**LIST SPECIALIZED KNOWLEDGE / SKILLS, ETC.**

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APPLICANT'S CERTIFICATION

BY SIGNING THIS APPLICATION, I DECLARE THAT THE INFORMATION PROVIDED BY ME IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION ON THIS APPLICATION MAY BLOCK OR STOP AN EMPLOYMENT OFFER, OR RESULT IN THE ENDING OF MY EMPLOYMENT IF I AM ALREADY EMPLOYED WHEN THE MISREPRESENTATION OR OMISSION IS DISCOVERED.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT WILL BE CONDITIONED UPON MY AGREEMENT TO SUBMIT TO DRUG TESTING, IN COMPLIANCE WITH STATE AND FEDERAL REGULATIONS, AND WITH THE RESULTS OF SUCH TESTING BEING NEGATIVE FOR THE USE OF STATE AND FEDERALLY ILLEGAL CONTROLLED SUBSTANCES.

I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION, AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED.

I HEREBY AUTHORIZE IMMANUEL LUTHERAN COMMUNITIES TO INVESTIGATE ALL MATTERS CONTAINED IN THIS APPLICATION AND TO CONTACT PRIOR EMPLOYERS TO OBTAIN ANY AND ALL INFORMATION RELATED TO MY PAST WORK PERFORMANCE. I FURTHER RELEASE MY PAST EMPLOYERS AND IMMANUEL LUTHERAN COMMUNITIES FROM ANY AND ALL LIABILITY OF ANY TYPE, AS A RESULT OF PROVIDING AND OBTAINING PAST WORK EMPLOYMENT INFORMATION.

IF YOU ARE SELECTED FOR EMPLOYMENT YOU MUST BE PREPARED TO VERIFY YOUR ELIGIBILITY TO WORK AS REQUIRED UNDER THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. THIS REQUIREMENT APPLIES TO ALL NEW EMPLOYEES INCLUDING U.S. CITIZENS, PERMANENT RESIDENTS AND NON-IMMIGRANTS. YOU MUST PROVIDE RELEVANT DOCUMENTS WITHIN THREE (3) DAYS OF YOUR HIRE DATE TO VERIFY YOUR IDENTITY AND ELIGIBILITY TO WORK.

I HAVE READ AND UNDERSTAND THE ABOVE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**SUPERVISOR: PLEASE COMPLETE THE FOLLOWING AND RETURN APPLICATION TO HUMAN RESOURCES**

APPLICATION REVIEWED  YES  NO INTERVIEWED  YES DATE \_\_\_\_\_  NO

INTERVIEWED BY \_\_\_\_\_

POSITION CONDITIONALLY OFFERED  YES DATE \_\_\_\_\_  NO

POSITION NOT OFFERED BECAUSE  POSITION FILLED  LACKED QUALIFICATIONS  DID NOT RESPOND

UNABLE TO WORK REQUIRED SCHEDULE  UNABLE TO FULFILL REFERENCES

OTHER \_\_\_\_\_

SIGNATURE OF SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION REVIEWED BY HUMAN RESOURCES  YES  NO

CODED BY HR: \_\_\_\_\_