

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 # _____

- WALKED IN RELATIVE/NEIGHBOR/ACQUAINTANCE STAFFING AGENCY
 MONTANA JOB SERVICE COLLEGE/UNIV. CLASS JOB FAIR

ADVERTISEMENT (WHERE?): _____ WEBSITE: _____
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

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			

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.

REFERENCES

PLEASE LIST THREE (3) PROFESSIONAL REFERENCES NOT RELATED TO YOU, WITH FULL NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP. IF YOU DON'T HAVE THREE PROFESSIONAL REFERENCES, THEN LIST PERSONAL, UNRELATED REFERENCES.

NAME	ADDRESS/CITY/STATE	PHONE	RELATIONSHIP

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

Job Title: _____

Division: _____

Department: _____

Manager: _____

Target Start Date: _____

Wage: _____ Status: FT PT PRN Hours/PP: _____

Shift: _____ Starting Schedule: _____

SIGNATURE OF SUPERVISOR _____ DATE _____

APPLICATION REVIEWED BY HUMAN RESOURCES YES NO

CODED BY HR: _____