



Application For Employment

2020

St. Luke's Home
242 Tenth Street West
Dickinson, ND 58601

An Affirmative Action / Equal Opportunity Employer

Pre-Hire Inquiries

Position(s) Applied: _____ Date: _____

Name: _____ Phone #: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you been employed here before? Yes ___ No ___ Dates: _____

Emergency Phone Number: _____ Email Address: _____

Can you provide proof you are eligible to work in US if offered employment? Yes ___ No ___

Availability to work: Full-Time: _____ Part-Time: _____

Shift(s) Any: _____ Day Shift: _____ P.M. Shift: _____ Night Shift: _____

Do any of your friends work here? Yes ___ No ___ Names: _____

Do any of your relatives work here? Yes ___ No ___ Names: _____

Are you subject to recall? Yes ___ No ___ Company/Military Service: _____

If your application is considered favorably, on what date are you available for work? _____

Have you ever been certified as a Nursing Assistant in another state? Yes ___ No ___ If yes, which state(s) _____

License/ Certification #: _____

Have you ever been convicted of abuse of persons in your care? Yes ___ No ___

If yes explain: _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, explain: _____

Personal References

Personal Reference (not related to you)

1. Name: _____ Relationship: _____ Phone # _____
How long have you known this person: _____

2. Name: _____ Relationship: _____ Phone # _____
How long have you known this person: _____

3. Name: _____ Relationship: _____ Phone # _____
How long have you known this person: _____

Employment History

Starting with present or last job, list all jobs held including military service assignments.

1. Employer: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From: _____ To: _____
Job Title: _____ Supervisor's Name: _____

Reason for Leaving: _____

2. Employer: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From: _____ To: _____
Job Title: _____ Supervisor's Name: _____

Reason for Leaving: _____

3. Employer: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates of Employment: From: _____ To: _____
Job Title: _____ Supervisor's Name: _____

Reason for Leaving: _____

List special skills and qualifications acquired from employment and other experiences: _____

Education List years of school completed and Diploma/Degree: _____

Release

Having made application for employment with St. Luke's Home and desiring them to be informed as to my previous record and character, I hereby authorize St. Luke's Home to investigate my past record and ascertain any and all information which may concern my record and character, whether same is record or not, and release my present and past employers, references and all persons whomsoever from any damage because of furnishing said information.

I certify that answers given on this form are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applications are considered active for 90 days. This application is retained for one year after submission.

Signature: _____ **Date:** _____

TOBACCO FREE FACILITY Our tobacco-free policy is established to:
Protect the health and safety of all Employees and Visitors to the Workplace Property.
Reduce the exposure of Employees and Visitors to smoking, secondhand smoke and the use of other Tobacco Products.
Establish a standard of healthy, tobacco-free behavior.
Encourage employees who currently use tobacco products to utilize available cessation.



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Applicant Name: _____ Date: _____

Position Applying: _____

Completion of this form is voluntary. All information provided will remain confidential and will not affect your application or potential for employment. We are required by law to collect this information for equal employment opportunity purposes.

Gender: Female Male

Race/Ethnicity: (Please select one option with which you most identify)

Hispanic or Latino

White

Black or African American

Asian

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

Two or more

I do not wish to disclose