



# Application For Employment

# 2021

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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**Demographics**

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 opportunity employment purposes.*

Gender (Please select one):

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