



## Authorization and Release

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All information provided by me in support of my application for employment with Lutheran Homes and Health Services (LHHS) is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to LHHS, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letter of reprimand and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incidental to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

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*Signature of employment candidate*

Lutheran Homes and Health Services, Inc. promotes a Drug-Free Workplace to provide a safe, healthy and efficient work environment for all employees, residents and visitors. As part of the application process, applicants will be subject to a successful drug screen.

During the interview process, applicants who are offered employment will be scheduled for a drug screen through Aurora Health Care. Applicants must complete the assigned drug screen in a timely manner as assigned by the facility prior to an orientation date.

A completed/successful test will provide the continuation of the application process. Unsuccessful drug screens will result in a withdrawal of the job offer. In reading this procedure, I understand that a successful drug screen must be completed prior to taking employment with LHHS.

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*Signature of employment candidate*

For reference checking purposes only, please complete the following information.

Dates of attendance or graduation from: \_\_\_\_\_ High School \_\_\_\_\_ College  
\_\_\_\_\_ Technical School \_\_\_\_\_ Other

Is any additional information necessary regarding change of name, use of assumed name or nickname to check on your employment and/or school records? If so, please list names.

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May your current supervisor and any references or individuals associated with your current employer be contacted? Yes \_\_\_  
No \_\_\_

Comments \_\_\_\_\_

# Lutheran Homes & Health Services, Inc.

## APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of work for which you wish to be considered: \_\_\_\_\_

Hours available:      Full time     Part time     Days         Nights         PM's         Weekends

What source led you to make an application with us? \_\_\_\_\_

**Employment History** (*List present or most recent employer first*)

Employer	Employed	Type of work performed	Present or last salary	Reason for leaving
Address/City	_____ (mo/yr) to			
Name of supervisor & phone number	_____ (mo/yr)			
Employer	Employed	Type of work performed	Present or last salary	Reason for leaving
Address/City	_____ (mo/yr) to			
Name of supervisor & phone number	_____ (mo/yr)			
Employer	Employed	Type of work performed	Present or last salary	Reason for leaving
Address/City	_____ (mo/yr) to			
Name of supervisor & phone number	_____ (mo/yr)			

**EDUCATION**

Schools ( <i>name &amp; location</i> )	Circle last year completed	Major Course	Diploma or Degree?
<i>High School</i>	7   8   9   10   11   12		
<i>College</i>			
<i>Business or Trade School</i>			

If you served in the U.S. Armed Forces, briefly describe skills acquired \_\_\_\_\_

**PERSONAL INFORMATION**

Are you legally authorized to work in the U.S.?     Yes     No

*(Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents)*

Have you ever worked for another employer under a different name?

If so, please list: \_\_\_\_\_

Are you at least 18 years of age?     Yes     No

Have you ever been convicted of a crime (*felony*)?     Yes     No *(A conviction does not automatically bar you from employment)*

If yes, give details \_\_\_\_\_

If you are an experienced operator of any office machines or equipment, please list \_\_\_\_\_

If you are an experienced operator of any plant machines or equipment, please list \_\_\_\_\_

Do you have any other skill you wish to mention? \_\_\_\_\_

Are you presently employed?     Yes     No

If so, may we contact your present employer?     Yes     No

If hired, when would you be available to start? \_\_\_\_\_    Salary requirements? \_\_\_\_\_

**REFERENCES**

\_\_\_\_\_  
*Name of reference*

\_\_\_\_\_  
*Name of reference*

\_\_\_\_\_  
*Occupation*

\_\_\_\_\_  
*Occupation*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Telephone number*

\_\_\_\_\_  
*Telephone number*

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may be cause for termination. I included as part of the regular pre-employment physical. I also authorize the companies, schools or persons named above to give any information requested regarding my employment, character and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause, and with or without notice, at anytime, at the option of either my employer or myself.

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