



100 High Point Drive
Kane, PA 16735-9673
Phone: 814-837-6706
Fax: 814-837-1051
www.lutheranhomekane.org

APPLICATION FOR EMPLOYMENT

Please complete CLEARLY and ACCURATELY.

Applications will be considered for a period of one (1) year from date of application.

_____ Date of Application

Position(s) Desired: _____
(“ANY” is not acceptable. Please be specific.)

Referral Source: _____ Newspaper _____
Name of Newspaper
Friend/Relative _____ Walk-In _____ Other _____

Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other consideration made unlawful by applicable federal, state, or local laws. Should you be offered employment with the Lutheran Home, you will be considered “at will”. This means that your employment with the Lutheran Home will have no defined or definite duration. Either you or the Lutheran Home will be able to terminate the employment relationship with or without cause, for any reason which is not prohibited by law.

Name: _____
LAST FIRST MI

Present Address: _____
NUMBER AND STREET/ PO BOX
CITY STATE ZIPCODE

Home Telephone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Are you over 18 years of Age? YES NO

If under age of 18 and hired, can you furnish a work permit? YES NO

Have you ever been employed by LHK before? YES NO When? _____

If YES, give reason for leaving. _____

Any relative working at LHK? YES NO Who? _____

Were you referred by a current or former LHK employee? YES NO Who? _____

Are you currently employed? YES NO

May we contact your current employer? YES NO NA

Are you on a layoff and subject to recall? YES NO

Date you are available for work: ____/____/____

Are you legally eligible for employment in the U.S.? YES NO

Have you ever been convicted of a felony or misdemeanor crime including sex related or child abuse related offenses? YES NO

If yes, please provide dates and details. _____

Have you ever been discharged from employment? YES NO

If yes, state reason for discharge. _____

Do You Prefer:

- Full Time
- Part Time
- Casual

Shift You Prefer:

- Any
- Day
- Evening
- Night

REFERENCES

(Provide a minimum of three references.)
DO NOT use relatives.

Name	Address	Telephone
	Street: _____ City, State, Zip _____	
	Street: _____ City, State, Zip _____	
	Street: _____ City, State, Zip _____	
	Street: _____ City, State, Zip _____	

EMPLOYMENT HISTORY

Provide employment record as completely as possible starting with your present or last employer.

Company Name:	Telephone: ()
Street:	Employed (Month, Year) From: To:
City, State, Zip:	Final Wages: \$
Name of Supervisor:	Reason for Leaving May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	Telephone: ()
Street:	Employed (Month, Year) From: To:
City, State, Zip:	Final Wages: \$
Name of Supervisor:	Reason for Leaving May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	Telephone: ()
Street:	Employed (Month, Year) From: To:
City, State, Zip:	Final Wages: \$
Name of Supervisor:	Reason for Leaving May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	Telephone: ()
Street:	Employed (Month, Year) From: To:
City, State, Zip:	Final Wages: \$
Name of Supervisor:	Reason for Leaving May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION				
TYPE	SCHOOL AND ADDRESS	DID YOU GRADUATE?	ACADEMIC MAJOR	DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE				
TRADE OR TECHNICAL				
OTHER				

PLEASE READ CAREFULLY BEFORE SIGNING

I certify all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand any falsification, misrepresentation, or omission of any information, may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I hereby authorize LHK to investigate my employment records with former employers, personal references, and to make any further investigations deemed necessary in connection with my application for employment. I do hereby release LHK and all informants from all liability resulting from such investigations. I waive all rights to see or review the information furnished except that permitted by law.

I understand that, if employed by LHK, it will be on a probationary basis. I also recognize this is not an employment contract. Employment will be at-the-will of the company and can be terminated at any time. If I am hired, I understand I am free to resign at any time, with or without cause and with proper notice as required by the LHK personnel policy. LHK is an Equal Opportunity Employer.

I understand that I am required to abide by all rules and regulations of the facility. I further understand refusal to submit to an alcohol or drug screen test at any time during my employment will result in immediate discharge from LHK. I also understand failure to pass an alcohol or drug screening at any time during my employment may result in immediate discharge from LHK.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE.

I certify I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant _____
Date