

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Lutheran Community Services Northwest is an Equal Opportunity Employer. The questions in this application for employment do not imply limitations, preferences or discriminations based on age, sex, marital status, race, creed, color, national origin, or existence of any handicaps. Even though you may have submitted a resume, we appreciate you completing this required form.

NAME:		DA	ATE:		
Last	First	Middle Name			
ADDRESS:					
Street					
City		State	Zip		
Cell Phone:		E-MAIL:			
Home Phone:					
REFERRAL SO	DURCE	В	LIGIBILITY		
Current Employee	College Placement	Can you legally w	vork in the U.S.A.?		
Job Announcement	LCSNW Website	Yes	No		
Newspaper Ad	Craigslist	proof of oligibility to	you will be required to provide work in this country.)		
Other:		-	• /		
	POSITI	ON DETAILS			
Position desired					
Date available to begin work		3. Hours preferred	4. FT P		
Have you worked for LC	SNW before? Yes	No When			
PRO	OFESSIONAL LICENSE	REGISTRATION/CERTIFIC	CATION		
Туре	State	Number	Expiration Date		
ı					

If you do not have a required registration or license, have you applied for one? Yes No

Revised 08.01.2014 Approved VPHR 09.02.2014

		EDUCATION		
Are you a High School gra Name and Location of Hig			Yes No	
Colleges/Other Schools Name and Location	Academic Major Skill or Trade	Dates Attended	Certificate of Degree Gran	
Graduate Studies				
Name and Location	Field of Stud	у	Dates Attended	Certificate or Degree
List present or most Dates Employed:	recent employer firs Attach ac	dditional page as	t past seven (7) year necessary.	rs and military service.
Employer Name and Ad Supervisor: Reason for Leaving: Job Title and brief descr		T	elephone:	
May we contact this sup		Yes	No	
Dates Employed: Employer Name and Ad				per
Supervisor: Reason for Leaving: Job Title and brief descr			elephone:	

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Yes

No

May we contact this supervisor/employer?

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Dates Employed: to "	Compensation: \$ per
Employer Name'cpf 'Address: aaaaaaaaaaa	
Supervisor: _aaaaaaaaaa	
Teason for Leaving:	
Job Title and brief description:	
May we contact this supervisor/employer?	Yes No
List name of organizations, dates and duti	TTEER EXPERIENCE ies except those whose name indicates affiliation based race, or national origin.
	TRAINING/EXPERIENCE rience which may qualify you for desired position.
 □ WA □ OR □ ID State Food Services Permi □ Multimedia Standard First Aid □ Cardiopulmonary Resuscitation (CPR) Card 	it □ WA □ OR □ ID Tubercular Test □ WA State Driver's License □ Other
Give name, address and telephone number of the	REFERENCES aree (3) professional references who are not related to you and previous supervisors.
1	Years Known
2.	Years Known
3	Years Known

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1.	Have you been convicted of a felony or been released from prison in the last seven (7) years? Yes* No If yes, please explain fully:					
	*Answering "Yes" does not necessarily di	squalify an applica	nt from emp	lovment		
2.	Do you have relatives employed wi		Yes*	•	If yes, please explain fully:	
	*Answering "Yes" does not necessarily di	squalify an applica	nt from emp	oloyment		
3.	Age: Please complete if the position a. Are you at least 16 years old b. Are you at least 18 years old	d? □ Yes [are apply ☐ No ☐ No	ing req	uires a minimum age.	
4.	Due to the types of services Luthers elderly, and otherwise vulnerable of (Note: A background check will be Have you been subject to criminal that any prior convictions or civil juindecent liberties, sexual abuse and vulnerable people? Yes	r at risk, we ask completed, as lead or civil proceeding and gments render for sexual explorations.	that you a egally peri ngs in whi red in any oitation of	mitted, ich cha way rel childre	the following question. as a condition of employment rges are pending, or have you ated to abuse, neglect, rape,	
		SIGNAT	URE			
that, i	fy that the information in this applicate femployed, I will be subject to immediate presentations or withheld pertinent in	ediate dismissal	if I have n	nade an	y false statements,	
	orize Lutheran Community Services ation including records of law enforces					his
means	erstand that, if employed by LCSNW, a that I will be free to end my employ with any employee. I understand the a ned in a formal written employment	ment at any time agency does not	e, for any authorize	reason, any oth	and that LCSNW has the san her promises of employment u	ne
Signa	fura				Date	
Signa	uic	Revised 08.01	1.2014		Approved VPHR 09.02.2014	