

Willamette Lutheran Retirement Community

EMPLOYMENT APPLICATION

(PLEASE PRINT CLEARLY. ALL APPLICANTS MUST COMPLETE ENTIRE APPLICATION)

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of WLRC to select applicants on the basis of their qualifications and ability to perform the job. WLRC is committed to provide equal employment opportunity in accordance with applicable state and federal law. Please notify us if you need any accommodation or assistance with any part of our application process.

Date _____

Last Name: _____ First Name: _____ Middle: _____

Mailing Address: _____

City _____ State _____ ZIP _____

Telephone Numbers (home) _____ (work) _____

GENERAL INFORMATION

Referred by: Staff Member _____ Newspaper Walk In Employment Agency Other _____

Position Applied For: _____ Wages Desired: _____

When would you be available for work? _____

Have you ever been employed by this Agency before? Yes No

Do you have family members employed by WLRC? Yes No If yes, Department _____

Do you have a current valid driver's license? Yes No

License No. _____ State of Issue _____

Available to work Full-time Part-time Temporary On-Call

Are you willing to work evenings swing shift? Yes No

Are you willing to work evenings NOC shift? Yes No

Are you willing to work 24 hour on-call? Yes No

Have you ever pled or been convicted of a misdemeanor or felony? Nursing, Housekeeping or Security positions only Yes No

(Please note that a "Yes" will not bar you from consideration for employment. Each conviction will be reviewed on its own merits with respect to time, circumstances & seriousness, along with all other information relevant to the work for which you have applied.)

If YES, Please explain: _____

Drug Testing: Willamette Lutheran Retirement Community conducts pre-employment drug testing. Job offer is contingent upon a negative test result. If test results are positive, you must wait one year before re-submitting an application for reconsideration. WLRC also conducts random, post-accident and reasonable suspicion testing.

EDUCATION

	ELEMENTARY	HIGH	COLLEGE	GRADUATE
SCHOOL NAME				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY				

OFFICE MACHINES YOU OPERATE PROFICIENTLY:

COMPUTER APPLICATIONS YOU KNOW PROFICIENTLY:

Please summarize any skills, training, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying: _____

REFERENCES

List three (3) non-relatives familiar with your qualifications, actual work history and abilities.

	Name	Occupation/Relationship	Years Known	Telephone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Why do you want to be considered for employment here? _____

Are you able to perform the essential functions of the job for which you are applying? Yes No

Please use the space below to summarize any additional information necessary to describe your full qualifications: _____

Please list your present and past work experience beginning with your current job. You may include volunteer activity/positions and military service. An additional page may be attached if necessary.

Name of Employer:	Telephone: ()
Address: (Street, City, State)	Employment Dates: From: To:
Position:	Supervisor:
Description of Duties:	
Reason for Leaving:	

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INFORMATION CERTIFICATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.

I certify that all answers and statements on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES NO

I will be responsible for familiarizing myself with all rules and regulations of Willamette Lutheran Retirement Community (WLRC) as they presently exist or are later modified. I recognize that if employed, my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either WLRC or myself.

YES NO

I also understand that no representative of Willamette Lutheran Retirement Community has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current individual written agreement signed by the Executive Director.

YES NO

I understand that this is an application for employment and no employment contract is being offered.

YES NO

I understand, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment.

YES NO

I have read, understand and agree with the above.

Signature of Applicant

Date

Note: This application is valid for 6 months from the date signed. If you want to be considered for job openings more than one year from the date signed, you will need to submit a new application.

<i>Willamette Lutheran Retirement Community use only:</i>		
DATE	APPLICANT INTERVIEWED	INITIALS

COMMENTS: _____