



313 Elkader St. Strawberry Point, IA 52076

Ph (563) 933-6037 Fax (563) 933-2300 Email: [office@splh.org](mailto:office@splh.org)

[www.strawberrypointlutheranhome.com](http://www.strawberrypointlutheranhome.com)

Memory Care Manor  
Gernand Retirement Village

# EMPLOYMENT APPLICATION

**Please print**

Date of application \_\_\_\_\_ Position applying for \_\_\_\_\_

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ Cell telephone (\_\_\_\_\_) \_\_\_\_\_

Please provide all names that you have used in the past including maiden names, married names and/or aliases: \_\_\_\_\_

Are you at least 16 years of age? \_\_\_ Yes \_\_\_ No Are you at least 18 years of age? \_\_\_ Yes \_\_\_ No

Have you ever been employed here before? \_\_\_ Yes \_\_\_ No If yes, give date \_\_\_\_\_

Are you employed now? \_\_\_ Yes \_\_\_ No May we contact your present employer? \_\_\_ Yes \_\_\_ No

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

Can you, if hired, submit verification of your legal right to work in the U.S.? \_\_\_ Yes \_\_\_ No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity compliance with the Immigration Reform and Control Act of 1986 and all applicable regulations. While you need not provide this proof of legal status at the time you are interviewed, you will be required to do so after hire.

On what date would you be available for work? \_\_\_\_\_ Expected Salary: \_\_\_\_\_

Are you available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Occasionally What days? S M T W T F S

What hours? \_\_\_ 6a-6p \_\_\_ 6P-6a \_\_\_ 7a-3p \_\_\_ 8a-4p \_\_\_ 9a-5p

Are you on a layoff and subject to recall? \_\_\_ Yes \_\_\_ No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicle and laws of the road under chapter 321 or equivalent provisions, in this state or any other state? \_\_\_ Yes \_\_\_ No

If so, explain:

\_\_\_\_\_

Are there currently any criminal charges pending involving you, or are you under investigation for child or dependent adult abuse?  Yes  No

If so, explain:

Have you ever been or are you currently excluded or debarred from participation in any Federal or State health care program, including Medicare or Medicaid?  Yes  No

If yes, explain:

Have you ever had a professional license including a nursing, administrator, physician, therapy, social worker, dietician) that was revoked, suspended or voluntarily relinquished ?  Yes  No.

If yes, explain:

EDUCATION	Elementary	High School	College/University	Graduate Professional
School Name				
Grades/Years Completed	4 5 6 7 8	9 10 11 12		
Diploma/Degree				
Course of Study				

Do you hold any current licensure or registration?  Yes  No If yes, list: \_\_\_\_\_

Have you ever had any disciplinary action taken against your license, including as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property?  Yes  No

If yes, please explain: \_\_\_\_\_

Educational honors: extra-curricular activities; professional societies or other information that you believe is relate to your ability to perform the position for which you are applying and your application for employment: \_\_\_\_\_

Special skills and qualifications, including those acquired from employment or other experience: \_\_\_\_\_

Employer Name Telephone	Date Employed:		Work Performed
( )	From:	To:	
Address	Hourly rate/Salary Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			

<b>Employer Name Telephone</b>	<b>Date Employed:</b>		<b>Work Performed</b>
( )	<b>From:</b>	<b>To:</b>	
<b>Address</b>	<b>Hourly rate/Salary Starting</b>	<b>Final</b>	
<b>Job Title</b>			
<b>Supervisor</b>			
<b>Reason for Leaving</b>			

<b>Employer Name Telephone</b>	<b>Date Employed:</b>		<b>Work Performed</b>
( )	<b>From:</b>	<b>To:</b>	
<b>Address</b>	<b>Hourly rate/Salary Starting</b>	<b>Final</b>	
<b>Job Title</b>			
<b>Supervisor</b>			
<b>Reason for Leaving</b>			

<b>Employer Name Telephone</b>	<b>Date Employed:</b>		<b>Work Performed</b>
( )	<b>From:</b>	<b>To:</b>	
<b>Address</b>	<b>Hourly rate/Salary Starting</b>	<b>Final</b>	
<b>Job Title</b>			
<b>Supervisor</b>			
<b>Reason for Leaving</b>			

Please list three **professional** references

<b>Full name</b>	<b>Relationship</b>
<b>Company</b>	<b>Phone</b>
<b>Address</b>	

<b>Full name</b>	<b>Relationship</b>
<b>Company</b>	<b>Phone</b>
<b>Address</b>	

<b>Full name</b>	<b>Relationship</b>
<b>Company</b>	<b>Phone</b>
<b>Address</b>	

If any additional space is needed, please continue on a separate sheet of paper or below.  
State any additional information you feel may be helpful to us in considering your application.

---

---

### **APPLICANT'S STATEMENT**

#### **Please read carefully before signing**

I certify that the answers given in this Application for Employment are true and complete to the best of my knowledge. The facility may investigate all statements made in this Application. The facility is required by law to check for any criminal or abuse record. I understand that any false or misleading information provided can result in a decision not to hire, immediate discharge if hired, and civil or criminal penalties in appropriate cases.

In signing this Application I state that I have received a copy of the Job Description for all jobs for which I have applied. I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may result in termination. I also understand that I may be required to take a physical examination conducted by a physician of the employer's choosing after I am given a qualified offer of employment and that a health screening for diseases, such as TB is required.

I understand that this Application is not a contract of employment; that if hired, regardless of any oral representation to the contrary, the employment relationship, between myself and the facility is terminable at will; that I have the rights to terminate my employment at any time for any reason, and the facility retains the same right. Any changes to this employment relationship must be in writing. I understand that if hired I am required to abide by all rules and regulations of the facility.

Signature of Applicant \_\_\_\_\_

Signature of Witness \_\_\_\_\_

### **AN EQUAL OPPORTUNITY EMPLOYER**

SPLHC is an equal opportunity employer. Employment decisions are made without regard to age, race, creed, color, sex, sexual orientation, gender identity, national origin, religion, disability, status as a Vietnam era veteran, or other category as specified.