SENIOR CARE COMMUNITY

Lakeside

301 N Lawler Street, Emmetsburg, IA. 50536
www.lakesideseniorcare.com

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, marital or veteran status, disability, age, or any other legally protected status. Applicants subject to pre-employment physical and drug screen.

(PLEASE PRINT)

PERSONAL

Name _____ Date of application: _____/ _____/_____

Address _____ Social Security No. ____ - ____ - ____

Telephone No. (_____) _____ - _____ Other No: (_____) _____-_____

Email: _____

Position Applying for _____ Years in profession _____ years _____ mos.
(If applicable)

Professional License Number: _____

Referral Source ☐ Newspaper ☐ Employee Name _____

☐ Online Advertisement ☐ Walk-in

If necessary, the best time to call you at home is? ____: ____ AM / PM

Have you ever been employed with us before? ☐ YES ☐ NO

If yes, please list dates. From ____/____/ _____ To ____/_____/____
Position _____

Do any of your friends, relatives, or spouse work here? ☐ YES ☐ NO

If yes, please list name(s) & relationship

Are you currently employed? ☐ YES ☐ NO May we contact? ☐ YES ☐ NO

If yes, who is the contact person and ph. number? _____ / _____

Are you currently on "lay-off" status and subject to recall? ☐ YES ☐ NO

Date available for work _____ /_____/ _____ What is your desired salary? $ _____

Type of Employment desired?

☐ Full-Time (Please indicate 1st ☐ 2nd ☐ 3rd ☐ shift)

☐ Part-Time (Please indicate 1st ☐ 2nd ☐ 3rd ☐ shift)

☐ Temporary (Please indicate dates available - _____/_____)

Will you work overtime if needed/required? ☐ YES ☐ NO

If no, please give an explanation

Are you willing to work every other weekend? ☐ YES ☐ NO

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ YES ☐ NO

If yes, please give an explanation

(Use additional sheets if necessary)

EDUCATION

School (City and State)	Years Completed	Completed	Course of Study
		☐ Diploma ☐ GED ☐ Degree ☐ Other ☐ Certification	
		☐ Diploma ☐ GED ☐ Degree ☐ Other ☐ Certification	

☐ Diploma ☐ GED
☐ Degree ☐ Other
☐ Certification

List below three of your most recent employers and the following information. Attach another page if needed.

Employer _____ Address _____

Phone No. (_____) _____ - _____ Job Title _____

Contact & Title _____ / _____ May we contact? ☐ YES ☐ NO

Dates Employed: _____ / _____ to _____ / _____ Salary $ _____ hour/salary

Jobs Performed

_____

_____

Reason for leaving

_____

Employer _____ Address _____

Phone No. (_____) _____ - _____ Job Title _____

Contact & Title _____ / _____ May we contact? ☐ YES ☐ NO

Dates Employed: _____ / _____ to _____ / _____ Salary $ _____ hour/salary

Jobs Performed

_____

_____

Reason for leaving

_____

Employer _____ Address _____

Phone No. (_____) _____ - _____ Job Title _____

Contact & Title _____ / _____ May we contact ☐ YES ☐ NO

Dates Employed: From _____ / _____ To _____ / _____ Salary $ _____ hour/salary

Jobs Performed

Reason for leaving

Please explain any gaps in employment:

If not mentioned above, have you ever been fired or asked to resign from a job? ☐ YES ☐ NO

If yes, please explain

Summarize any special training, apprenticeship, skills, license and/or certificates that may qualify you as being able to perform the position in which you are applying.

List any additional information you would like us to consider

REFERENCES

Please list names and telephone numbers of three business/work references who are *not* related to you and are not previous supervisors. If not applicable, list three school references that are not related to you.

Name	Professional Title	Relationship to You	Telephone	No. Of Years Known

"I certify that all information I have provided is true, accurate and complete.

I authorize investigation by Lakeside Lutheran Home to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to verify the accuracy of all information provided by me in this application, resume, and/or job interview.

I understand that Lakeside Lutheran Home does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may terminate Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Administrator of this organization. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language is valid unless it is in writing and signed by the Administrator of Lakeside Lutheran Home.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

In the event of employment, I understand that false, misleading, or incomplete information in any respect given in my application or interview(s) will be a sufficient case to cancel further consideration of this application or immediately terminate me from the employer's service, when discovered. I understand, also, that I am required to abide by all rules and regulations of the employer."

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

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

Signature of Applicant _____ Date _____

BUSINESS OFFICE USE ONLY

Position _____ Hire Date _____ / _____ / _____ Full-Time or Part-Time

Base Wage $ _____ Exp. Wage $ _____ Total Wage $ _____

BENEFITS AT LAKESIDE LUTHERAN HOME/ASSISTED LIVING

1. Health/Dental/Vision Insurance for qualifying employees.
2. Life Insurance is available for qualifying employees.
3. Additional employee family life insurance available for qualifying employees.
4. 3% match on the Retirement Plan.
5. AFLAC Supplemental Insurance is available to qualifying employees.
6. Paid Time Off/Paid Sick Leave
7. Paid holidays.
8. Flexible schedule.
9. Funeral Leave for both full and part time staff.
10. Jury Duty/Subpoenaed/Witness leave.
11. Call in Pay.
12. 30 day return to employment without loss of benefits.
13. Paid CEU's.
14. Subsidized meals on premises while working.
15. Shift differentials.
16. Hepatitis-B vaccines at no charge.
17. TB tests at no charge.
18. Annual Influenza vaccines at no charge.

STATE OF IOWA
Criminal History Record Check Request Form

DCI Account Number: 7684-C

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: Lakeside Lutheran Home &
Assisted Living
301 N. Lawler Street
Emmetsburg, Iowa 50536
(712) 852-4060
(712) 852-9914 Fax

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)

First Name (mandatory)

Middle Name (recommended)

Date of Birth (mandatory)

Gender (mandatory)
☐ **Male** ☐ **Female**

SSN (recommended)

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history Record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____