

1555 Hull Avenue
 Des Moines, IA 50316
 P: 515-262-5639 F: 515-262-7299
 www.luthercareservices.org



EMPLOYMENT APPLICATION

APPLICANT:

_____ Last First Middle Initial Maiden Name

Street Address/Box Number City, State Zip Code

Home Phone Cell Phone Other

Are you 18 years of age or older? Yes No

Emergency Contact/Relationship Phone #

For which position(s) are you applying? _____

Are you currently licensed /registered / certified with the State of Iowa for the position(s) for which you are applying? Yes No

If yes, what is your License Number and the Expiration Date? _____

Are you applying for: Full Time Part Time Shift Preferred: Days Evenings Nights

Are you currently a Student? Yes No Available start date: _____ Desired starting wage: \$ _____/Hr.

Have you ever been employed by any other facility owned by Luther Care Service? Yes No

If yes, under what name: _____ Period of Service: _____

Do you have a record of founded child or dependent adult abuse? Yes No

Have you ever been convicted of a crime in Iowa or any other state? Yes No

EDUCATION BACKGROUND:

Diploma / GED – High School: _____ Year: _____

College Attended: _____ Year Graduated: _____

Degree / Certification / Licensed Received: _____

EMPLOYEES MAY BE TERMINATED AFTER HIRING FOR MISREPRESENTATION ON THIS APPLICATION. THIS APPLICATION WILL BE KEPT ON FILE FOR ONE (1) YEAR.

IT IS THE POLICY OF THIS COMPANY TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR VETERAN'S STATUS; AND TO MAKE EMPLOYMENT DECISIONS CONSISTANT WITH THIS PRINCIPLE OF EQUAL EMPLOYEMT OPPORTUNITY.

WORK EXPERIENCE / HISTORY (FORMER EMPLOYERS AND/OR REFERENCES):

Name of Company / Employer:	Address City, State, Zip Code	Phone Number with Area Code	Dates of Employment
1)			
2)			
3)			

SIGNATURE OF APPLICANT: _____ DATE: _____

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RELEASE OF INFORMATION

REFERENCE REQUEST

Please complete this section to be mailed to your **FORMER EMPLOYER**. If you do not know the name of the manager or supervisor, just give the company name and address and we will send to their human resources.

Previous Employer: _____

Manager or Supervisor Name & Title: _____

Street Address/Box Number

City, State Zip Code

I HEREBY AUTHORIZE THE COMPANY OR NAMED MANAGER OR SUPERVISOR ABOVE OR HUMAN RESOURCES TO RELEASE ANY AND ALL INFORMATION SUCH COMPANY OR PERSON(S) MAY HAVE REGARDING ME; AND FURTHER RELEASE SUCH COMPANY OR PERSON(S) AND LUTHER CARE SERVICES FROM ANY AND ALL LIABILITY AS A RESULT OF FURNISHING AND RECEIVING THIS INFORMATION.

Print Name: _____

Signature of Person Applying for Job: _____

Social Security Number (Last 4 Digits): _____

Date: _____

DO NOT COMPLETE ANY INFORMATION BELOW

THIS SECTION WILL BE MAILED TO THE FORMER EMPLOYER ABOVE TO COMPLETE REFERENCE INFORMATION FOR THE PERSON WHO IS APPLYING FOR A POSITION.

Information Re: Person Above Applying for Job:

Position Held: _____

Dates of Employment: From: _____ To: _____

#	Description	Above Average	Average	Below Average
1	Quality of Work			
2	Quantity of Work			
3	Cooperation, Attitude			
4	Dependability, Attendance			
5	Personal Traits and Habits			

THE ABOVE INFORMATION HAS BEEN SUPPLIED TO LUTHER CARE SERVICES BY:

Name: _____ Date: _____

Please return this completed information/form to the attention of: _____

Trinity Center at Luther Park (a facility of Luther Care Services)

1555 Hull Avenue, Des Moines, Iowa 50316-1341.

Telephone: (515) 262-5639 • Fax (H.R. Manager): (515) 262-7299

Enclosure: Include a self-addressed, stamped envelope to return this form.

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