

**Luther Home of Mercy**  
**A Ministry for Persons Living with Developmental Disabilities**  
5810 N. Main Street-Post Office Box 187  
Williston, Ohio 43468-0187  
Telephone: (419) 836-7741 Fax: (419) 972-4347  
Website: [www.lutherhome.org](http://www.lutherhome.org)

## EMPLOYMENT APPLICATION

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
(Please Print – Use your official name and spelling that is used on your Social Security Card)

Address / City / State / Zip: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Shift Preference: \_\_\_\_ 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ Split

Do you have a valid driver's licenses? \_\_\_\_ Yes \_\_\_\_ No Driver Licenses No.: \_\_\_\_\_

Are you 18 years or over? \_\_\_\_ Yes \_\_\_\_ No Do you have reliable transportation? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime, or pleaded no contest in a crime? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide a date and description of the conviction, and in what jurisdiction the conviction occurred:

\_\_\_\_\_

Date of Conviction: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
(Conviction will not necessarily disqualify an applicant)

Were you previously employed by LHM? \_\_\_\_ Yes \_\_\_\_ No

How did you hear about us? Employee Referral: \_\_\_\_\_  
(Give the Employee's Name / Department)

Do you have any relatives currently employed by LHM? If yes, who? \_\_\_\_\_

Have you been known by any other name(s) which LHM will require verifying your educational, employment and/or criminal records? If yes, please specify: \_\_\_\_\_

## EDUCATION AND TRAINING

**High School:** \_\_\_\_\_ Diploma received: \_\_\_\_ Yes \_\_\_\_ No

Completed Address: \_\_\_\_\_ GED received: \_\_\_\_ Yes \_\_\_\_ No

**College or University:** \_\_\_\_\_ Degree received: \_\_\_\_ Yes \_\_\_\_ No

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

List of any other education, training, special skills or certification/licenses that you possess related to this job:

## Professional Reference Information (no relatives)

Name	Telephone Number	Job Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

List below both past and present work performed beginning with the most recent.

**Current Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_ May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

**Past Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

**Past Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

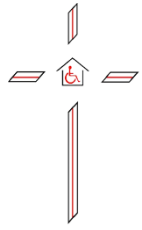
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

## APPLICATION ACKNOWLEDGEMENT



**Luther Home of Mercy**

*We are a Ministry Enriching Lives and Individual Abilities*

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed one (1) year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give LHM permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release LHM from any liability as a result of such contract.

I also understand the LHM has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; consent to and compliance with such policy is a condition of my employment; and continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand, also, that I am required to abide by all rules and regulations of LHM.

**Signature of Applicant:** \_\_\_\_\_ **Date signed** \_\_\_\_\_

**Sign and date this application. Email this application to [vmixon@lutherhome.org](mailto:vmixon@lutherhome.org) or fax it to 419-972-4347**

LHM is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with LHM depends solely on your qualifications.

**Thank you for completing this application form and for your interest in Luther Home of Mercy**

Updated: ERD / 6/2018  
Rev.06/2021  
Rev. 11/29/23

# Luther Home of Mercy

## Employment Reference Form

Complete the top section of this form, sign the Applicant Signature line and return this form to the Human Resource Department.  
Luther Home will contact your previous employer.

Name of Applicant: \_\_\_\_\_ SS# \_\_\_\_\_  
(last four digits)

Position Applied for: \_\_\_\_\_

I have applied to Luther Home of Mercy for employment consideration. ***Please complete the section below regarding to my previous work record and return as soon as possible to the Luther Home of Mercy.***

I authorize you to furnish any and all information concerning my previous employment, and hereby release all parties from any and all liability for any damage that may result from furnishing such information.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*This section is to be completed by the previous employer (ONLY).**

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Unable to Judge</i>
<i>Attendance</i>					
<i>Communication Skills</i>					
<i>Cooperation</i>					
<i>Dependability/reliability</i>					
<i>Patient Care Skills</i>					
<i>Energy/Enthusiasm</i>					
<i>Emotional maturity</i>					
<i>Overall Job Performance</i>					
<i>Leadership skills</i>					

Applicant's position held: \_\_\_\_\_

Applicant's date of employment: Start: \_\_\_\_\_ End: \_\_\_\_\_

Was Applicant's termination? \_\_\_\_ Voluntary \_\_\_\_ Involuntary

Would you rehire this applicant? \_\_\_\_ Yes \_\_\_\_ No

Do you know any reasons why this applicant should not be working in this field? \_\_\_\_ Yes \_\_\_\_ No

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

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Orig.03/11  
Rev. 2021