

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

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: ___ 1st ___ 2nd ___ 3rd ___ 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

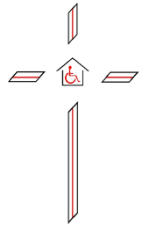
List below both past and present work performed beginning with the most recent.

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 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

Employee Equal Employment Opportunity Questionnaire

Luther Home of Mercy
5810 North Main Street
Williston, OH 43468
Fax: 419-972-4347

We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Employee EEO Self-Identification Form is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes. This form is processed and maintained separately from your personnel file and is not used to make decisions about the terms and conditions of employment. Completion of this form is optional and voluntary. We appreciate your assistance.

Lutheran Ministries of Mercy is an equal opportunity employer - male/female, handicap. Government agencies require periodic reports on the racial gender, ethnic, etc. makeup of our employees. This data is for such recordkeeping purposes only and will be kept separate and apart from the employee's personnel file. Submission of information about a handicap is voluntary.

Employee Name: _____ Date: _____

Position Title: _____ Last 4 Digits SS: _____

Voluntary Self-Identification of Ethnicity, Race and Gender:

Please check one:

Sex: Male: Female:

Racial/Ethnic Group: Hispanic or Latino White

Black or African American Asian

Native Hawaiian or other Pacific Islander Two and more races

American Indian or Alaskan Native

Are you a U.S. Citizen: Yes No

I belong to the following Classification so Protected Veterans:

Please check if any of the following are applications:

Disabled Veteran

Recently Separated Veteran Date of Discharge or Release: _____

Active Wartime or Campaign Badge Veteran

Armed Forces Service Medal Veteran

I am a protected veteran, but I choose not to self-identify the classifications to which I belong

I am NOT a protected veteran

Please check on of the boxes below:

Yes, I have a disability (or previously had a disability)

No, I don't have a disability

I don't wish to answer