

## LUTHERAN SERVICES FOR THE AGING APPLICATION FOR EMPLOYMENT

LH Hickory  
Trinity Oaks

LH Albemarle  
Crescent View

LH at Trinity Oaks  
ALADS

LH Winston-Salem  
LSA Pharmacy

LH Hickory West  
LSA Management

**APPLICATION MUST BE COMPLETED IN FULL**

**(PLEASE PRINT)**

We consider applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, marital status, disability or veteran status, or any other legally protected status.

DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE (\_\_\_\_) \_\_\_\_\_ STATE AGE IF UNDER 18 \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ PAY RATE EXPECTED \_\_\_\_\_

WOULD YOU WORK: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

SHIFT PREFERENCE: DAY \_\_\_\_\_ EVENING \_\_\_\_\_ NIGHT \_\_\_\_\_ OTHER \_\_\_\_\_

LIST DAYS/TIMES YOU ARE AVAILABLE TO WORK: \_\_\_\_\_

Have you filed an application here before?  YES  NO If yes, give date \_\_\_\_\_ Location \_\_\_\_\_  
(See location listing above)

Have you ever been employed by LSA?  YES  NO If yes, give date \_\_\_\_\_ Location \_\_\_\_\_  
(See location listing above)

Is any member of your family currently employed by LSA?  YES  NO  
 If yes, give location and department \_\_\_\_\_

Are you eligible and authorized to legally work in the United States?  YES  NO  
(Proof of eligibility and identity will be required upon employment.)

Do you have communicable TB (Tuberculosis)?  YES  NO

North Carolina law requires that criminal background checks be completed on all new employees. LSA uses the State Bureau of Investigation, the FBI, and a private agency to verify information supplied by applicants. An applicant who willfully supplies false information on employment application materials that is the basis for criminal background record checks is committing a misdemeanor crime. As required by law, LSA will report falsifications of this nature to the appropriate state agencies for prosecution.

Are you listed on the North Carolina Nurse Aide Registry?  YES  NO

Have you ever been convicted of, or has administrative action been taken against you for abusing, neglecting or mistreating individuals, misappropriating property, drug diversion, or fraud?  YES  NO: If yes, please explain: \_\_\_\_\_

Have you **ever** been convicted of a crime, including any felony, any misdemeanor or DUI?  YES  NO If yes, please list:

Do you have any pending charges for any felony, any misdemeanor or DUI?  YES  NO If yes, please list:

<u>CRIME</u>	<u>DATE OF CONVICTION</u>	<u>CITY/STATE OF CONVICTION</u>	<u>PENALTY</u>

**EMPLOYMENT HISTORY**

Start with your present or last job and list each job you have held by date. You may include military service assignments and volunteer activities if you wish.

EMPLOYER:	PHONE:	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS:				
JOB TITLE:		HOURLY RATE/SALARY		
		STARTING	FINAL	
SUPERVISOR:				
REASON FOR LEAVING:				
EMPLOYER:	PHONE:	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS:				
JOB TITLE:		HOURLY RATE/SALARY		
		STARTING	FINAL	
SUPERVISOR:				
REASON FOR LEAVING:				
EMPLOYER:	PHONE:	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS:				
JOB TITLE:		HOURLY RATE/SALARY		
		STARTING	FINAL	
SUPERVISOR:				
REASON FOR LEAVING:				

MAY WE CONTACT EMPLOYERS LISTED ABOVE?  YES  NO IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT? \_\_\_\_\_

**EDUCATION** (ENCIRCLE LAST YEAR COMPLETED)

5	6	7	8	9	10	11	12	1	2	3	4	MORE
ELEMENTARY SCHOOL				HIGH SCHOOL				COLLEGE				

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience that relate to the job you are applying for:

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

NAME	TELEPHONE	NO. YEARS KNOWN
_____	_____	_____
_____	_____	_____

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. I hereby authorize LSA to make any investigation of my personal and work history. I also authorize employers, schools or personal references named above to provide information concerning my employment, education, character, and qualifications.

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

07-08