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**EMPLOYMENT HISTORY**

(Provide the following information on your past four (4) employers, assignments or volunteer activities, starting with the most recent)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

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**REFERENCES**

Please list the names of persons not related to you, whom you have known at least for one year.

NAME	PHONE NUMBER	HOW ARE YOU ACQUAINTED	YEARS KNOWN

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**APPLICANT STATEMENT**

"I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient to cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is 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.

If I am hired, I understand that I am free to resign at any time, with or without cause and the employer reserves the same right to terminate my employment at any time, with or without cause. 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 are valid."

I understand that Lutheran Care Center is An EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin. I understand that I may be required to have a physical examination if employed. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform. Lutheran Care Center may seek references from the list above. All employees of Lutheran Care Center will be subject of a background check. No person may be employed by Lutheran Care Center if he/she has been convicted of any offense listed in the Illinois Healthcare Worker's Background Check Act. I further certify that I am able to perform the essential functions of the position for which I am applying.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

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

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS PAGE IS TO BE USED FOR INTERVIEWERS' USE ONLY**

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**INTERVIEWERS COMMENTS**

INTERVIEWER	DATE	COMMENTS

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**REFERENCE AND PRIOR EMPLOYMENT CHECK**

INDIVIDUAL CONTACTED	NAME OF FIRM	RESULTS OF CHECK	DATE

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**PERSONNEL USE**

Date to start work: \_\_\_\_/\_\_\_\_/\_\_\_\_      Department: \_\_\_\_\_

Position: \_\_\_\_\_      Compensation Rate: \_\_\_\_\_      **FULL TIME   PART TIME**  
(circle one)

Hours: \_\_\_\_\_      Sent for Background Check: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nurse Aid Registry Confirm #: \_\_\_\_\_      Disqualifying conditions: **YES   NO**  
(circle one)

Food Handler Certificate #: \_\_\_\_\_

**Other comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_