

**ST. LUKE'S LIFEWORKS
EMPLOYMENT APPLICATION**

Date: _____

PERSONAL DATA:

PLEASE PRINT IN INK

Name: Last, First, Middle	Social Security Number:
Present Home Address: Street, City, State, Zip Code	
Telephone Number:	Date Available:
Position Desired:	Are You A Us Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temporary	If No, Visa type or alien registration receipt card number:
How were you referred to SLLW?	

EDUCATION:

SCHOOL NAME	CITY, STATE	MAJOR COURSE OF STUDY	CUMULATE AVERAGE	DEGREE/ CERTIFICATE
High School				
College(s)				
Graduate School				
Other Technical or Business				

PROFESSIONAL CERTIFICATION:

Do you possess any professional certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what certification do you hold and in what states have you been granted certification?
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EMPLOYMENT: Please complete in detail, starting with present employer, account for time during last 10 years or years worked if less than 10. Attach resume or listing of additional positions if necessary.

Current Employer	Position Title	Dates employed From: To:	Salary (base) Starting: Ending:	Bonus or Other
Street Address	City, State, Zip Code		Telephone Number	
Position Responsibilities				
Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		
Previous Employer	Position Title	Dates employed From: To:	Salary (base) Starting: Ending:	Bonus or Other
Street Address	City, State, Zip Code		Telephone Number	
Position Responsibilities				
Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		

Previous Employer	Position Title	Dates employed From: To:	Salary (base) Starting: Ending:	Bonus or Other
Street Address	City, State, Zip Code		Telephone Number	
Position Responsibilities				
Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		
Previous Employer	Position Title	Dates employed From: To:	Salary (base) Starting: Ending:	Bonus or Other
Street Address	City, State, Zip Code		Telephone Number	
Position Responsibilities				
Supervisor's Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving		

U.S. MILITARY SERVICE

Indicate Branch	Rank at Discharge	Date(s) of Entry	Date(s) Released
What was the nature of your principal service assignment?			

ADDITIONAL EXPERIENCE

If you wish, please list any extra-curricular activities and honors in school or community:
Please list any machines/equipment you can operate:
Please list any additional experience you feel bear upon your skills or professional development:

MISCELLANEOUS

Have you ever applied for a position with SLLW before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When	Have you ever been employed by SLLW before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When
Do you have any friends or relatives working at SLLW? <input type="checkbox"/> Yes <input type="checkbox"/> No	Give names and relationship		

REFERENCES: Give additional references or professional associates.

Name	Address	Telephone No.	Occupation

CERTIFICATION

I certify that the above information is correct and complete to the best of my knowledge and belief. I make this statement to St. Luke's LifeWorks with knowledge that any false or misleading statement or omission of material fact MAY BE SUFFICIENT CAUSE FOR DISMISSAL. I authorize St. Luke's LifeWorks to verify any of the information I have submitted in this application. Further, I understand that my employment is at will and may be terminated at any time for any reason.	
Signature:	Date: