

**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:



Background Release Form

In connection with this application for employment, I understand that an investigative consumer report may be requested now by True Hire, and in the future as terms of my continued employment. This report may include information pertaining to my character, education, work history, credit history, motor vehicle records, and criminal information contained within any government agency, Federal, State, or Local. This information shall include, but not be limited to, verifying any statements made on my application.

I hereby authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services, and former employers to release information they may have about me to Company or its agents, and do forever release them from any liability or responsibility for doing so to the fullest extent allowed by law from any claims arising from the requested information.

If required, I specifically authorize a credit report to be obtained on myself. If required, I specifically authorize workers compensation claim information to be obtained on myself by True Hire.

I recognize and agree that a copy or facsimile of this document shall be as valid as the original and agree that this release shall be valid for this and any future update reports requested.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied based on information contained in this report, and to receive, upon written request, a disclosure of the public record information as well as the nature and scope of the investigative report.

Confidential Information Used for Background Checking Purposes

PRINT FIRST NAME	MIDDLE INITIAL	LAST	SOCIAL SECURITY NUMBER	DATE OF BIRTH
DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE		
PRESENT ADDRESS		CITY, STATE, ZIP	COUNTY	

Please list any previous addresses you have had in the past 7 years:

PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY
PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY
PREVIOUS ADDRESS	CITY, STATE, ZIP	COUNTY

Please list any former names (i.e. maiden or otherwise) you have used in the past 7 years:

Please list any former felonies or misdemeanors you have been convicted of in the past 7 years (Please list date, charge, location, disposition):

Signature

Date