



# Augustana Care

fostering fullness of life

|                             |                              |
|-----------------------------|------------------------------|
| IH <input type="checkbox"/> | INH <input type="checkbox"/> |
| NI <input type="checkbox"/> |                              |

### Application for Employment

For current position openings go to [www.augustanacare.org](http://www.augustanacare.org)  
 Augustana Care provides a smoke free environment for employees.  
 An equal employment opportunity/affirmative action employer.  
 A mission driven, Christian organization since 1896.

| APPLICANT INFORMATION   |                                      |                                    |                                       |                                 |  |
|---|--------------------------------------|------------------------------------|---------------------------------------|---------------------------------|--|
| Last Name   | First                                | M.I.                               |                                       | Date                            |  |
| Street Address  |                                      |                                    | Apartment/Unit #                      |                                 |  |
| City  | State                                |                                    | ZIP                                   |                                 |  |
| Home Phone  |                                      | Cell                               |                                       |                                 |  |
| Email   |                                      | Social Security:                   |                                       |                                 |  |
| Position(s) Applied for   |                                      |                                    |                                       |                                 |  |
| Referral Source   | Our Website <input type="checkbox"/> | Job Fair <input type="checkbox"/>  | Job Board <input type="checkbox"/>    | Friend <input type="checkbox"/> | Walk-in <input type="checkbox"/> Social Media <input type="checkbox"/> |
| Referred by:  |                                      |                                    |                                       |                                 |  |
| Have you applied here before?   | YES <input type="checkbox"/>         | NO <input type="checkbox"/>        | If yes give date                      |                                 |  |
| Have you ever worked at any Augustana Care facility?                                | YES <input type="checkbox"/>         | NO <input type="checkbox"/>        | If so, when?                          |                                 |  |
| Are you employed now?   | YES <input type="checkbox"/>         | NO <input type="checkbox"/>        | May we contact your present employer? | YES <input type="checkbox"/>    | NO <input type="checkbox"/>  |
| If hired, can you furnish proof that you are 16 years of age or older?              | YES <input type="checkbox"/>         | NO <input type="checkbox"/>        | If no, please explain                 |                                 |  |
| If hired, can you furnish proof that you are eligible to work in the United States? | YES <input type="checkbox"/>         | NO <input type="checkbox"/>        | If no, please explain                 |                                 |  |
| On what date would you be available for work?                                       |                                      |                                    |                                       |                                 |  |
| Are you available to work...  | Full-time <input type="checkbox"/>   | Part-time <input type="checkbox"/> | On-call <input type="checkbox"/>      |                                 |  |
| Shift Preference  | Days <input type="checkbox"/>        | Evenings <input type="checkbox"/>  | Nights (NOC) <input type="checkbox"/> |                                 |  |
| Are you on a lay-off and subject to recall?   | YES <input type="checkbox"/>         | NO <input type="checkbox"/>        | If yes, explain                       |                                 |  |

Licenses held (list type and registration numbers)

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| PREVIOUS EMPLOYMENT                                      |  |                 |                              |                             |    |
|--|--|-----------------|------------------------------|-----------------------------|----|
| Company  |  |                 | Phone ( )                    |                             |    |
| Address  |  |                 | Supervisor                   |                             |    |
| Job Title  |  | Starting Salary | \$                           | Ending Salary               | \$ |
| Responsibilities   |  |                 |                              |                             |    |
| From   |  | To              | Reason for Leaving           |                             |    |
| May we contact your previous supervisor for a reference? |  |                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |    |
| PREVIOUS EMPLOYMENT                                      |  |                 |                              |                             |    |
| Company  |  |                 | Phone ( )                    |                             |    |
| Address  |  |                 | Supervisor                   |                             |    |
| Job Title  |  | Starting Salary | \$                           | Ending Salary               | \$ |
| Responsibilities   |  |                 |                              |                             |    |
| From   |  | To              | Reason for Leaving           |                             |    |
| May we contact your previous supervisor for a reference? |  |                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |    |
| PREVIOUS EMPLOYMENT                                      |  |                 |                              |                             |    |
| Company  |  |                 | Phone ( )                    |                             |    |
| Address  |  |                 | Supervisor                   |                             |    |
| Job Title  |  | Starting Salary | \$                           | Ending Salary               | \$ |
| Responsibilities   |  |                 |                              |                             |    |
| From   |  | To              | Reason for Leaving           |                             |    |
| May we contact your previous supervisor for a reference? |  |                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |    |
| PREVIOUS EMPLOYMENT                                      |  |                 |                              |                             |    |
| Company  |  |                 | Phone ( )                    |                             |    |
| Address  |  |                 | Supervisor                   |                             |    |
| Job Title  |  | Starting Salary | \$                           | Ending Salary               | \$ |
| Responsibilities   |  |                 |                              |                             |    |
| From   |  | To              | Reason for Leaving           |                             |    |

## EDUCATION

|                   |    |  |                             |        |
|-------------------|----|--|-----------------------------|--------|
| High School       |    | Address  |                             |        |
| From              | To | Did you graduate? Yes <input type="checkbox"/> | No <input type="checkbox"/> | Degree |
| College           |    | Address  |                             |        |
| From              | To | Did you graduate? Yes <input type="checkbox"/> | No <input type="checkbox"/> | Degree |
| Further Education |    | Address  |                             |        |
| From              | To | Did you graduate? Yes <input type="checkbox"/> | No <input type="checkbox"/> | Degree |

Other Special Training or skills (Languages, machine operation, typing speed, computer knowledge)

List Professional trade, business or civic activities and offices held.

## REFERENCES

*Please list three professional references.*

|           |               |
|-----------|---------------|
| Full Name | Relationship: |
| Company   | Phone:        |
| Address   |               |
| Full Name | Relationship: |
| Company   | Phone:        |
| Address   |               |
| Full Name | Relationship: |
| Company   | Phone:        |
| Address   |               |

**APPLICANT'S STATEMENT**

Augustana Care(AC) is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, creed, religion, age, sex, sexual orientation, sexual harassment, national origin, ancestry, marital status, handicap, disability related to pregnancy or childbirth, membership or activity in any local commission, status regarding public assistance, membership or non-membership in any labor organization, or any other characteristic protected under federal, state or local law. None of the questions in this application are intended to elicit information regarding any protected characteristic protected under federal, state, or local law. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences, or discrimination based upon non-job-related information or protected characteristics. If you are hired by AC, you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time for any reason, without notice. Similarly, if you are hired, AC will have the right to terminate your employment at any time, for any reason, without prior notice. No AC supervisor or manager has the authority to offer or promise anything other than at-will employment.

I understand and agree that:

1. Any material misrepresentations or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. By signing this application, I authorize AC to obtain and authorize all state, federal, or local law enforcement agencies or officials to release any and all information they have regarding any criminal convictions I may have, regardless of the date, location, or nature of the conviction. I understand that criminal conviction(s) will not automatically disqualify me from eligibility for employment with AC.
3. I agree that my employment may be terminated by AC at any time without liability for wages or salary except what may have been earned at the date of termination. If requested by the management at any time, I agree to submit to search of my person or of any locker that may be assigned to me, and I hereby waive all claims for damages on account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with AC. I consent to take a medical examination by a qualified physician at the discretion of my employer.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
5. I further understand that this is an application for employment and that no employment contract is being offered.
6. If applying, understand that some positions may be subject to a labor contract.
7. I acknowledge that: a) if I become employed, I will be free to terminate my employment at any time for any reason and AC retains the same rights; b) AC can change wages, benefits and conditions at any time; and c) no representative of AC has the authority to make any contrary agreement. I understand that AC is a drug-free work environment.
8. I understand that I am required to abide by all rules and regulations of AC.
9. I am not ineligible or excluded from participating in the Federal Health Care programs.

I have read and understand the above.

Date:

Signature:

| For Management Use Only |                              |                             |                          |                              |                              |                              |                     |  |
|-------------------------|------------------------------|-----------------------------|--------------------------|------------------------------|------------------------------|------------------------------|---------------------|--|
| EMPLOYED                | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SHIFT                    | DAY <input type="checkbox"/> | EVE <input type="checkbox"/> | NOC <input type="checkbox"/> | DAYS PER PAY PERIOD |  |
| FULL TIME               | <input type="checkbox"/>     | PART TIME                   | <input type="checkbox"/> | ON-CALL                      | <input type="checkbox"/>     | DATE OF EMPLOYMENT           |                     |  |
| JOB TITLE               |                              |                             | HOURLY RATE              |                              |                              |                              | DEPARTMENT          |  |
| HIRED BY:               |                              |                             |                          |                              |                              |                              |                     |  |