

Lutheran Social Services of Central Ohio
AN EQUAL OPPORTUNITY EMPLOYER



"Creating a better world
by serving people in need"

Application for Employment

Please request any disability-related accommodations for interviews in advance

All applications will be considered **active** for 90 days from the application date. After application expiration, if you have not been hired, you may complete a new application if you wish to remain an active applicant. All applications will be maintained for one year from the application date.

SECTION A: PERSONAL DATA

Application Date _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone _____ Cellular Phone _____

Are you 18 years of age or older? ___ Yes ___ No

Are you legally entitled to work in the United States? ___ Yes ___ No

Where did you hear about LSS?

___ Newspaper or other Print Publication Which Publication? _____

___ Internet Which Web Site or Web Publication? _____

___ Referral Please list who referred you _____

___ Walk in

___ Other _____

Have you ever applied to Lutheran Social Services or one of its subsidiaries before (subsidiaries include Faith Mission, The Good Shepherd, Lutheran Village of Ashland, Lutheran Village of Columbus and/or Kensington Place)? ___ Yes ___ No

If yes, when? _____

Have you ever been employed by Lutheran Social Services or one of its subsidiaries before? ___ Yes ___ No

If yes, when? _____

Do you have a relative(s) currently employed by Lutheran Social Services? ___ Yes ___ No If yes, please list their name(s) _____

SECTION B: EMPLOYMENT DESIRED

Position Desired _____ Part-time, Full-time or Contingent (as-needed) _____

Date You Can Start: _____ Pay Desired _____

Please Indicate the Shift(s) You Are Available to Work Each Day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
___ 1st	___ 1st	___ 1st	___ 1st	___ 1st	___ 1st	___ 1st
___ 2nd	___ 2nd	___ 2nd	___ 2nd	___ 2nd	___ 2nd	___ 2nd

SECTION C: EDUCATION & LICENSURE

Type(s) of Licensure or Certification (if applicable): _____ Is licensure current? ___ Yes ___ No

License No. or Certification No. (if applicable): _____ Expiration Date _____

Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement of performing an essential job function.

SECTION C: EDUCATION & LICENSURE *cont'd*

	No. of Years Attended	Subjects Studied	Did You Graduate (Yes/No)	Type of Degree Received
High School or GED				
College				
Trade, Business, Correspondence				

SECTION D: EMPLOYMENT HISTORY

Please complete this section even if you intend to attach a resume.

Please list your last five employers OR your last seven years of employment whichever is greater.
 If you are currently employed may we contact your present employer? ___ Yes ___ No

Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Supervisor Title: _____	Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Starting Wage: _____ Ending Wage: _____
Job Title	Reason for Leaving
Description of Major Job Duties	
Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Supervisor Title: _____	Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Starting Wage: _____ Ending Wage: _____
Job Title	Reason for Leaving
Description of Major Job Duties	

SECTION D: EMPLOYMENT HISTORY *cont'd*

Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Supervisor Title: _____	Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Starting Wage: _____ Ending Wage: _____
Job Title	Reason for Leaving

Description of Major Job Duties

Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Supervisor Title: _____	Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Starting Wage: _____ Ending Wage: _____
Job Title	Reason for Leaving

Description of Major Job Duties

Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Supervisor Title: _____	Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Starting Wage: _____ Ending Wage: _____
Job Title	Reason for Leaving

Description of Major Job Duties

SECTION E: PERIODS OF UNEMPLOYMENT

Please explain all periods of unemployment.

SECTION F: PROFESSIONAL REFERENCES

Please give the names of three professional or school references.

Name	Telephone Number	Position/Business	Years Acquainted

SECTION G: APPLICATION CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, any incomplete, false or misleading statements on this application shall be grounds for dismissal at anytime during my employment.

I voluntarily and knowingly authorize any present or past employer or supervisor, college or university or other institution of learning, administrator, law enforcement agency, state agency, local agency, federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference, and/or any other persons to give records or information they may have concerning my criminal history, motor vehicle history, social security number, earnings history, character, employment history (including reason for termination), credit history, credit capacity, credit standing or any other information requested by LSS deemed pertinent to my employment. I release all parties from all liability for any damage that may result for furnishing said information to LSS.

In consideration of my employment, I understand that employment will be "at will," and that either I or LSS can terminate the employment relationship at any time for any reason, with or without prior notice or cause. Nothing in the Employee Handbook or the Agency's discretionary use of progressive discipline creates any express or implied contract to the contrary. No one in this Agency has the authority to change this "at will" relationship by any actions, practices, course of conduct, length of service, awards, transfers, promotions, promises or statements except by an individual written employment agreement signed by the CEO of LSS and by myself.

If I become employed by LSS and subsequently this employment relationship should end, I hereby give my permission for LSS to respond to inquiries regarding my past job performance. I release LSS from all liability for reporting my past job performance.

I understand that if I become employed by LSS, this application will become part of my official employment record.

Further, I understand and agree that any claim or lawsuit relating to my service with LSS must be filed no more than six (6) months after the date of the employment action. I waive any statute of limitations to the contrary.

Print Name: _____

Signature _____

Date _____

For Human Resources Use Only

Interview offered: Yes No Interview Date(s): _____

Position Interviewed for: _____

Offer Made: Yes No Offer Accepted: Yes No If No, explain: _____

Background Check Agreement

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

LSS provides services to a variety of vulnerable populations. It is our responsibility to provide a safe and secure environment for those we serve, as well as for our staff. As such, in connection with your offer of employment, LSS will obtain background information, including certain consumer reports, on you. This may include but is not limited to a Social Security Number check, and a background investigation of criminal, civil, and traffic records. To assist us in expediting this process we ask that you respond to the following questions. Please note that a conviction may not automatically prevent you from employment with LSS.

Name _____
Last First Middle

SSN _____

Have you worked or studied under any other name or social security number in the past that would impact LSS' ability to conduct a full background and reference check? Yes No If yes, please explain _____

Have you ever, under your name or another name, been convicted (or pleaded guilty or no contest) to a Felony or Misdemeanor? Yes No

Have you ever, under your name or another name, been convicted of a crime which resulted with your being in prison or jail and released from prison or jail or paroled? Yes No

If you answered yes to either of the questions above, please explain when you were convicted and of what you were convicted:

I certify that the facts above are true and complete to the best of my knowledge and understand that if employed, any incomplete, false or misleading statements on this or any other employment document shall be grounds for dismissal at anytime during my employment.

In connection with my suitability for employment with LSS, or if employed, I understand that prior to or at any time after my employment commences, a consumer report may be requested for employment purposes from public records including, but not limited to, social security trace, motor vehicle history report or criminal history to the extent permitted by law from various local, state and federal agencies.

I voluntarily and knowingly authorize any present or past employer or supervisor, college or university or other institution of learning, administrator, law enforcement agency, state agency, local agency, federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference, and/or any other persons to give records or information they may have concerning my criminal history, motor vehicle history, social security number, earnings history, character, employment history (including reason for termination), credit history, credit capacity, credit standing or any other information requested by LSS deemed pertinent to my employment.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act as a report used for the purpose of evaluation of pre-employment, promotion, reassignment or retention as an employee. I understand in the event that any information from the consumer report(s) is utilized in whole or in part in making an adverse decision with regard to my employment, before making that determination, you will provide me with a copy of the consumer report and a description of my rights under the Federal Fair Credit Reporting Act (FRCA).

I understand that any offer of employment, verbal or written, by an authorized agent of LSS is contingent upon satisfactory employment references, the satisfactory completion of pre-employment testing and acceptable consumer report(s).

Print Name

Applicant Signature

Date

Parent/Guardian Signature, if Applicant is a Minor, Under 18 Years of Age

Date



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Drug Testing Consent Form

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

PLEASE READ CAREFULLY BEFORE SIGNING

Name _____
Last First Middle

SSN _____

LSS Drug Free Workplace

LSS is committed to a drug free workplace for the benefit of staff, residents and clients. Therefore, LSS has established a drug free workplace policy that includes pre-employment, post accident, reasonable suspicion and random drug testing. LSS has zero tolerance for possession, use, being under the influence of or testing positive for alcohol, illegal drugs or the misuse of legal drugs on the job. All employees must abide with the terms of this policy as a condition of employment.

I voluntarily agree to submit to a post offer alcohol and/or drug test as part of my application for employment. I agree to release these test results to LSS with the understanding that the results will be used in conjunction with the new hire process. I understand that LSS will maintain the results in a confidential manner. I further understand that a final positive test result indicating alcohol, illegal drugs or the misuse of legal drugs or my refusal to submit to an alcohol and/or drug testing procedure will disqualify me from further consideration for employment.

Further, I understand that if employed by LSS, I may be required to submit to a post accident, reasonable suspicion or random alcohol and/or drug test at any time. I agree that I will submit to any requested alcohol and/or drug testing. I understand that a positive result indicating alcohol, illegal drugs or the misuse of legal drugs or my refusal to submit to the alcohol and/or drug testing procedure may result in termination of my employment.

Verification of Test Results

A Medical Records Officer (MRO) shall evaluate the alcohol and/or drug test results of an applicant or employee and verify that the specimens were collected, transported and analyzed under proper procedures.

The MRO shall make this determination by checking any Chain of Custody forms for required signatures, procedures and information. If an applicant or employee receives a non-negative result on an alcohol and/or drug test, the MRO shall also determine if any alternative medical explanations caused the applicant or employee to receive a positive result on the alcohol and/or drug test. The MRO shall maintain the confidentiality of any information received from the alcohol and/or drug test, except as authorized by the applicant or employee or as otherwise provided by law.

Contesting a Positive Alcohol and/or Drug Screen Result

In the event an applicant or employee has a verified positive result, the MRO will inform the applicant or employee of the alcohol and/or drug result within three days after the MRO receives the alcohol or drug test result from the testing laboratory or clinic. The applicant or employee will have three days after notification from the MRO to discuss the test results with the MRO, submit to the MRO documentation of any prescription drugs relevant to the test result, or request a test of a split sample within 72 hours at the applicant's or employee's expense.

Print Name

Applicant Signature

Date

Parent/Guardian Signature, if Applicant is a Minor, Under 18 Years of Age

Date