





APPLICATION FOR EMPLOYMENT

Federal and state laws prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability or handicap.

| | | Da | ate of App | lication | | |
|---|--------------------|---------------------|--------------|----------------|------------------|-------------------|
| Name | | | | | | |
| Last | | First Mic | | Middle Initial | | |
| AddressStreet | | City | | | State | Zip Code |
| Telephone () | Social | Security # | | | | |
| If under 18 years of age, do you have | ve a work perm | nit? | Yes | No | | |
| If not a U.S. citizen, do you have the | e legal right to | remain perm | anently an | d work in | the U.S.? | YesNo |
| Alien Reg. # | | | | | | |
| Have you reviewed the job descript essential function of the job that yo | | | | | | |
| Have you ever pled guilty or been of | onvicted of a | criminal offen | ise (not inc | cluding trai | ffic violations) | YesNo |
| If yes, please explain. | | | | | | |
| Position applied for Are you able to meet the attendance Shift you can work:Day | e requirements | of the position | on?Y | es] | Pa | rt-time Full-time |
| Have you ever applied to St. Luke, | | | | | | |
| When: | _ | | | | | |
| Have you ever been employed by the | nis company be | efore?N | To | es Whe | en: | |
| If so, under what name | | | | | | |
| Supervisor | | _ Reason for | r Leaving | | | |
| | | EDUC | ATION | | | |
| Name and Location | Years Completed | Did You Graduate | Major | Degree | Со | urse of Study |
| High School | | | | | | |
| College | | | | | | |
| Other | | | | | | |

REFERENCES: List below the names of three (3) persons not related to you:

Applicant's Signature

| Name | | Address | Telephone | Years Known | | | | |
|--------------------------|--------------------|--|---------------------------|----------------------|--|--|--|--|
| | | | () | | | | | |
| | | | | | | | | |
| 1000 | | | | | | | | |
| | | EMPLOYMENT HISTORY | <u>Y</u> | | | | | |
| Provide the following ir | formation, startin | ng with your present or most rece | nt employment | | | | | |
| From To | | Employer | Employer Tel. # () | | | | | |
| Job Title | | Address | Address | | | | | |
| Supervisor: | | Reason for Leaving: | Reason for Leaving: | | | | | |
| Title: | | | | | | | | |
| Summarize nature of work | c performed and jo | b responsibilities: | | | | | | |
| | | | | | | | | |
| From To | | Employer | Employer Tel. # () | | | | | |
| Job Title | | Address | | | | | | |
| Supervisor: Title: | | Reason for Leaving: | Reason for Leaving: | | | | | |
| Summarize nature of wor | k performed and jo | b responsibilities: | | | | | | |
| From To | | Employer | Tel. # (|) | | | | |
| Job Title | | Address | Address | | | | | |
| Supervisor: Title: | | Reason for Leaving: | Reason for Leaving: | | | | | |
| Summarize nature of wor | k performed and jo | b responsibilities: | | | | | | |
| | | | | | | | | |
| • • | | s time?YesNo | | | | | | |
| | | to the best of my knowledge. I rediate dismissal. I give the emplo | | | | | | |
| eferences, employers, a | nd education ins | titutions and to otherwise verify | the accuracy of the infor | rmation contained in | | | | |
| | | e employer and its representatives | | | | | | |
| | | zations for furnishing such informations. I understand that nothing in | | | | | | |
| | | right to terminate my employmer | | | | | | |
| • | - | read this paragraph and under | • | | | | | |
| | | | | | | | | |

Date