

Applying for:

- Valley View Assisted Living
- Missouri Slope Lutheran Care Center
- Both

MISSOURI SLOPE LUTHERAN CARE CENTER, INC.
2425 HILLVIEW AVENUE
BISMARCK, ND 58501
(701) 223-9407
WWW.MSLCC.COM

Date Received: _____
For Office Use Only

APPLICATION FOR EMPLOYMENT

MISSOURI SLOPE LUTHERAN CARE CENTER is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, ancestry, or disability. All applications will be kept on file for three years. Please complete all sections.

DATE: _____

PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MIDDLE INITIAL	OTHER NAMES USED AND DATES	
STREET ADDRESS	CITY	STATE	ZIP	Are you 16 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER		Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO (Proof of U.S. citizenship or immigration status will be required upon employment)	
POSITION APPLYING FOR: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary SHIFT: Day ___ Evening ___ Night ___			OTHER POSITIONS OF INTEREST:	
DATE AVAILABLE FOR WORK: _____			EMAIL ADDRESS	

EDUCATION			
TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS COMPLETED (x OR ✓)	SUBJECTS STUDIED DEGREES RECEIVED
HIGH SCHOOL	NAME	__ 9 __ 10 __ 11 __ 12	
	CITY STATE		
COLLEGE	NAME	__ 1 __ 2 __ 3 __ 4	
	CITY STATE		
CORRESPONDENCE, BUSINESS, TRADE SCHOOL	NAME	__ 1 __ 2 __ 3 __ 4	
	CITY STATE		
State any additional information or skills you feel may be helpful to us in considering your application.			

EMPLOYMENT					
List most recent employer first			MAY WE CONTACT YOUR PRESENT EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DATES	EMPLOYER	POSITION SUPERVISOR	LIST MAJOR DUTIES	PAY RATE	REASON FOR LEAVING
FROM	NAME	YOUR JOB TITLE		BEGIN	
MONTH/YEAR	ADDRESS				
TO	CITY, STATE, ZIP	SUPERVISOR		END	
MONTH/YEAR	TELEPHONE				
FROM	NAME	YOUR JOB TITLE		BEGIN	
MONTH/YEAR	ADDRESS				
TO	CITY, STATE, ZIP	SUPERVISOR		END	
MONTH/YEAR	TELEPHONE				
FROM	NAME	YOUR JOB TITLE		BEGIN	
MONTH/YEAR	ADDRESS				
TO	CITY, STATE, ZIP	SUPERVISOR		END	
MONTH/YEAR	TELEPHONE				

MISCELLANEOUS

1. Current Professional License Number _____ 2. Current Certified Nurse Assistant Number _____
3. Have you ever been employed as a CNA, Medication Assistant, LPN, or RN in another state? Yes No
If so, where? _____
4. May we contact you at work? Yes No If yes, work number _____
5. Best time to contact you at home _____ At work _____
6. Have you ever applied to this company before? Yes No When _____
7. Have you ever worked for this company before? Yes No When _____
8. Have you ever been convicted of a felony?* Yes No If yes, what & when was the conviction? _____

9. Have you ever worked as a Nursing Assistant? Yes No Where: _____
10. Have you ever been convicted by a court of law of abusing, neglecting or mistreating a resident, or misappropriation of resident property? *
 Yes No
Explain: _____
11. Have you ever had a nurse aide registry listing or certification marked for abuse or negligence? * Yes No Explain: _____

12. List any registry or licensure board you are or have been listed on:

13. Have you ever received an encumbered professional license? * Yes No Explain: _____

14. Your application to MSLCC is in response to:
- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> Bismarck Tribune | <input type="checkbox"/> Bismar Online |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Job Service | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Job Fair (Location/Date): _____ | <input type="checkbox"/> Internet; Website: _____ |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> Current/Previous Employee: _____ | <input type="checkbox"/> Other, indicate source: _____ |
15. List any additional qualifications, experience, achievements you feel would be important for the job you have applied for:

*Disclosure of information will not necessarily bar you from consideration for employment and will only be considered in relation to specific job requirements. Age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into consideration. Under federal regulations, however, conviction of resident abuse, neglect or mistreatment or misappropriation of resident property will disqualify you from consideration for employment.

REFERENCES

List three (3) persons unrelated to you and not included on the front page.

1. Name	Address	Telephone	Years Known
	City, State, Zip		
2. Name	Address	Telephone	Years Known
	City, State, Zip		
3. Name	Address	Telephone	Years Known
	City, State, Zip		

ACKNOWLEDGMENT

I certify that the answers given on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby give MSLCC the right to make a thorough investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I release and indemnify MSLCC from and against any liability which might result from making such an investigation.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Missouri Slope Lutheran Care Center is a drug-free/alcohol-free workplace employer.

If I receive a conditional offer of employment, I understand I will be the subject of drug and alcohol screening and/or physical screening and evaluation, and I hereby consent to such screening and record checks.

In the event of employment, I understand I will be required to conform to the rules and regulations of MSLCC. I also understand that if employed, any employment will be at will and for no definite period. This means that my employment and compensation can be terminated, with or without reason or cause, and with or without notice, at any time, at the option of either MSLCC or myself. I also understand that upon employment by this facility there will be a four-month trial period. I will consent to receive the physical assessment as required by MSLCC. An electronic printed name is intended and understood to be a signature.

Signature _____

Date _____

MISSOURI SLOPE LUTHERAN CARE CENTER
2425 HILLVIEW AVENUE
BISMARCK, ND 58501
(701)223-9407
www.mslcc.com

AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

Having made application for employment with Missouri Slope Lutheran Care Center and desiring them to be informed as to my previous record and character, I hereby authorize Missouri Slope Lutheran Care Center to investigate my past record and to ascertain any and all information which may concern my record and character, whether same is of record or not, and release my present and past employers, and all persons whomsoever from any damage because of furnishing said information.

Date _____ **Applicant's Signature** _____
(An electronic printed name is intended and understood to be a signature).

EMPLOYMENT VERIFICATION & REFERENCE

Please provide employment reference on the individual who has applied with our company by completing the following form and returning to us by fax (701)223-2091.

Name _____ **Social Security Number** _____

Date of Employment _____ **Date of Termination** _____

Position Held _____ **Reason for Termination** _____

Would you rehire? Yes _____ **No** _____ **If no, why?** _____

Please Rate the Following:

	Good	Adequate	Unsatisfactory	Comments
Ability to Get Along with Co-workers	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Attendance/Punctuality	_____	_____	_____	_____

Date _____ **Signature** _____ **Title** _____

