



**APPLICATION FOR EMPLOYMENT**

**GCS/LUTHERAN**  
 1000 Elmwood Avenue  
 Rochester, NY 14620  
 (585) 672-2749



**LUTHERAN**

**COMPLETE APPLICATION CLEARLY AND ACCURATELY**  
 To email completed form, click on blue "EMAIL GCS" link on page four.

**Applications will be considered for a period of six months**

Date \_\_\_\_\_

Name \_\_\_\_\_  
 Last First MI

Present Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 Number & Street Apt. #

PO Box (if applicable) \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

City State Zip \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Are you over 18 years of age?  Yes  No If not, employment is subject to verification of minimum legal age.

In the past 7 years have you pled "guilty" or "no contest to", or been convicted of a crime?  Yes  No

If yes, please provide date(s) and details. \_\_\_\_\_  
 \_\_\_\_\_

**JOB INTEREST**

Position(s) desired (*be specific*): \_\_\_\_\_ Wages Expected: \_\_\_\_\_  
 "ANY" is not acceptable

Date Available for Work: \_\_\_\_\_

<b>Do You Prefer:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Student <input type="checkbox"/> Temporary	<b>Are You Available to Work:</b>	Holidays	<input type="checkbox"/>	<input type="checkbox"/>
		Weekends	<input type="checkbox"/>	<input type="checkbox"/>
		Overtime	<input type="checkbox"/>	<input type="checkbox"/>
		On Call	<input type="checkbox"/>	<input type="checkbox"/>
<b>Shift Preference:</b> <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Any				

Have you ever worked for Lutheran before?  Yes  No When? \_\_\_\_\_

Any friends or relatives working at Lutheran?  Yes  No Who? \_\_\_\_\_ Relation: \_\_\_\_\_

Have you ever applied at Lutheran before?  Yes  No When? \_\_\_\_\_

Who referred you to Lutheran? \_\_\_\_\_

**NYS Driver's License**

Do you have a valid NYS Driver's License?  Yes  No

License#: \_\_\_\_\_ Expiration Date \_\_\_\_\_

## EMPLOYMENT HISTORY

**Give Entire Employment Record – As Completely As Possible  
Start With Your Present or Last Employer  
Attach additional information if more space needed**

Company Name	Telephone (      )
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	<b>Reason for Leaving</b> May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone (      )
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	<b>Reason for Leaving</b> May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name	Telephone (      )
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Company Name	Telephone (      )
Street	Employed (Month, Year) From:
City, State, Zip	To:
Final Job Title	Final Wages \$
Name of Supervisor	<b>Reason for Leaving</b> May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION**

Type	School & Address	Did you Graduate?	Academic Major	Degree Received
High School		Yes @a		
College		KW @a		
Trade or Technical		KW @a		
Other		KW @a		

**U.S. MILITARY**

Branch of U.S. Military Service

Military School

Area of Specialization

**REFERENCES**

Give a ***Minimum*** of Four References (Preferably Work Related)  
**DO NOT USE RELATIVES**

Name	Address	Telephone
	Street City, State, Zip	Work: Home:
	Street City, State, Zip	Work: Home:
	Street City, State, Zip	Work: Home:
	Street City, State, Zip	Work: Home:
	Street City, State, Zip	Work: Home:

**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all information I have given on this application is true and complete and understand that any false information or the omission of information may be considered as sufficient reason to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I understand that, if employed by Lutheran, it will be on a probationary basis. I also recognize that this is not an employment contract. **Employment will be at-the-will** of the company and can be terminated at anytime. If I am hired, I understand that I am free to resign at any time, with or without cause and with proper notice as required by Lutheran Human Resources policy.

I understand that, according to Lutheran's policy, I am required to undergo a drug-screening test as a condition of employment. To comply with that requirement, I consent to providing a sample of my urine prior to employment and again at any time requested. I further consent to allow any doctor, hospital or testing laboratory to conduct any medical test or examination as may be required by Lutheran as a condition of my employment. I hereby give my permission to the release of all information which Lutheran deems necessary to determine my abilities to perform job duties now and in the future.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from Lutheran. I also understand that failure to pass an alcohol or drug screening at any time during my employment may result in immediate discharge from Lutheran.

I hereby authorize Lutheran to investigate my employment records with former employers, personal references and to make any further investigations deemed necessary in connection with my application for employment. I do hereby release Lutheran and all informants from all liability resulting from such investigations. I waive all rights to see or review the information so furnished.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. It will be necessary to reapply and fill out a new application if I have not heard from Lutheran and still wish to be considered for employment.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE**

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**INTERVIEWER USE ONLY**

Interviewer(s):

Date:

Title of Position:

**Offer:**  Yes  No **Deselect:**  Yes  No

Unit (nursing):

Full Time, Part Time or Per Diem:

**For HR purposes only:**

Department \_\_\_\_\_

Rate \_\_\_\_\_

Position \_\_\_\_\_

Accepted \_\_\_\_\_

Letter Sent \_\_\_\_\_

Physical \_\_\_\_\_

Drug Test \_\_\_\_\_

Orientation \_\_\_\_\_