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| **Applicant Last Name, First Name, MI** |

**Albert Lea Crest**

**Community**

**Employment Application Form**

**Our Mission**   
  
American Baptist Homes of the Midwest, embracing our Christian Heritage and Mission, seeks to create and encourage caring communities offering health care, housing, and supportive services to people of many ages, cultures and conditions. We endeavor to provide environments which nurture self-worth, hope and dignity.

American Baptist Homes of the Midwest is a Drug-Free Workplace.

**Employment Application Form**

An Equal Opportunity Employer

It is the policy of American Baptist Homes of the Midwest (ABHM) to afford equal opportunity for employment. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, veteran status or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

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| **General Information *Please answer every question. Use ink. PLEASE PRINT.*** | | | | | | | | | | | |
| Job applied for | | | | | | | | Today’s date | | | |
| What are you seeking? | □ Full time  employment | | □ Part time employment | | □ Temporary employment | | | What date can you start? | | | |
| Are you willing to work: | | | Day shift  □Yes □ No | | Evening shift  □Yes □ No | | | Night shift  □Yes □ No | | | Weekends/Holidays  □Yes □ No |
| Last name | | | First name | | Middle initial | | | Phone # | | | Cell or Secondary # |
| Current street address (no PO Box) | | | | | | | | Apt # | | | |
| City | | | State | | Zip code | | | County | | | |
| Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.) | | | | | | | | | | | □Yes □ No |
| If hired, can you furnish proof that you are eligible to work in the United States? | | | | | | | | | | | □Yes □ No |
| Have you ever applied here before? | | | □Yes □ No | | If yes, when? | | | Date to Date | | | |
| Were you ever employed here? | | | □Yes □ No | | If yes, when? | | | Date to Date | | | |
|  | Job Title: | | | | Reason for leaving: | | | | | | |
| Are you related to anyone currently employed by ABHM? | | | | | □Yes □ No | | | If yes, Name: | | | |
| ***Note:*** ABHM conducts criminal background screening on all candidates who receive a conditional offer of employment. Under the law and/or pursuant to ABHM policy, a certain criminal history background will disqualify an individual from employment for particular positions. | | | | | | | | | | | |
| For driving jobs ***only***: | | Do you have a valid driver’s license? | | | | | | | | | □Yes □ No |
|  | | Driver’s license # | | | | Class of license | | | State issuing license | | |
|  | | Has your driver’s license been suspended or revoked in the last 3 years? | | | | | | | | | □Yes □ No |
|  | | If yes, give details. | | | | | | | | | |
| ***Education*** | | | | | | | | | | | |
| **List name and address of Schools** | | | | **# Years completed** | | | **Diploma/Degree** | | | **Subjects studied** | |
| High school or GED | | | |  | | |  | | |  | |
| College or University | | | |  | | |  | | |  | |
| Vocational or Technical | | | |  | | |  | | |  | |
| Have you worked or attended school under any other names? If yes, please specify. | | | | | | | | | | | |
| What licenses, certifications and/or additional training do you have that relate to the job for which you are applying? (i.e. nursing licensure, CPR certification, boiler certification, etc.) | | | | | | | | | | | |
| Type: | | Organization or State Issued: | | | Date Issued: | | | Number: | | *Verified by:\_\_\_\_\_* | |
| Type: | | Organization or State Issued: | | | Date Issued : | | | Number: | | *Verified by:\_\_\_\_\_* | |
| What machines or equipment can you operate, that relate to the job for which you are applying? | | | | | | | | | | | |

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| **Work History** | | | | | | | |
| List names of employers in consecutive order, with the PRESENT or MOST RECENT employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you have additional employers in the last 10 years, please attach additional pages with the information. Note: A job offer may be contingent upon acceptable references from current and former employers. **A material misstatement or omission of fact is the basis for immediate termination and for refusing employment.** | | | | | | | |
| **1 NAME OF EMPLOYER** | | | **Job title and duties** | | | | |
| Address | | | Dates of employment: | From: Mo/Yr | To: Mo/Yr | | |
| City, State, Zip code | | | Pay rates: | Start $ | Final $ | | |
| Supervisor’s name and title | | Phone # | Reason for leaving | | | | |
| May we contact? | □Yes □ No | If no, please explain: | | | | | |
| **2 NAME OF EMPLOYER** | | | **Job title and duties** | | | | |
| Address | | | Dates of employment: | From: Mo/Yr | To: Mo/Yr | | |
| City, State, Zip code | | | Pay rates: | Start $ | Final $ | | |
| Supervisor’s name and title | | Phone # | Reason for leaving | | | | |
| May we contact? | □Yes □ No | If no, please explain: | | | | | |
| **3 NAME OF EMPLOYER** | | | **Job title and duties** | | | | |
| Address | | | Dates of employment: | From: Mo/Yr | To: Mo/Yr | | |
| City, State, Zip code | | | Pay rates: | Start $ | Final $ | | |
| Supervisor’s name and title | | Phone # | Reason for leaving | | | | |
| May we contact? | □Yes □ No | If no, please explain: | | | | | |
| **4 NAME OF EMPLOYER** | | | **Job title and duties** | | | | |
| Address | | | Dates of employment: | From: Mo/Yr | To: Mo/Yr | | |
| City, State, Zip code | | | Pay rates: | Start $ | Final $ | | |
| Supervisor’s name and title | | Phone # | Reason for leaving | | | | |
| May we contact? | □Yes □ No | If no, please explain: | | | | | |
| Are you presently employed? | | | | | | | □Yes □ No |
| If yes, why do you desire to change your position? | | | | | | | |
| Have you ever been fired from a job, or asked to resign? | | | | | | | □Yes □ No |
| If yes, please explain. | | | | | | | |
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| **References**  Give two professional references, NOT RELATED to you, other than your immediate supervisors, to whom we can refer. | | | | | | | |
| Name | | Address | | | | Daytime Phone # | |
| Occupation | | Years Known | | | |  | |
| Name | | Address | | | | Daytime Phone # | |
| Occupation | | Years Known | | | |  | |

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| ***Please read each statement carefully before signing this application form, because your signature constitutes your agreement thereto in return for the consideration of your application.*** | |
| I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize American Baptist Homes of the Midwest (ABHM) and any employees or agents thereof, to make whatever inquiries it deems necessary of any person, educational institution or organization to verify any of the information given in my application for employment and to determine my qualifications and abilities. I hereby release and hold harmless ABHM and all persons or companies supplying such information from all liability and responsibility in connection with the furnishing of that information. | |
| **I understand that ABHM requires successful passing of a criminal background and pre-employment drug screening as a condition of employment, and consent to such screening, if made an offer of conditional employment.**  I understand further that I may be required to successfully pass a drug screening examination at a later date, if required due to reasonable suspicion by ABHM. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, as required. | |
| **I understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between ABHM and myself for either employment or the granting of benefits.** I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the administrator of the organization has the authority to enter into an agreement of employment for any specified period of time or to assure any benefits or terms and conditions of employment. | |
| **I understand that if I am employed by ABHM my employment will be at-will**. **I understand and agree that I have the right to terminate my employment at any time with or without cause and that ABHM retains a similar right.** If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason, with or without notice. | |
| I understand and agree that if I am employed by ABHM I will provide proof of my ability to work in the United States of America within three (3) days of my date of employment. | |
| I understand and accept that business needs may make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday, Sunday and/or holidays. | |
| **I hereby acknowledge that I have read, understand, and by my signature consent to these statements.**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_** |

Thank you for completing this application form and for your interest in employment with American Baptist Homes of the Midwest. If you are not contacted within thirty (30) days, this application will be placed in an inactive file unless you request it to be kept active.