



ABHM
American Baptist Homes of the Midwest

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.

General Information

Please answer every question. Use ink. PLEASE PRINT.

Job applied for				Today's date	
What are you seeking?	<input type="checkbox"/> Full time employment	<input type="checkbox"/> Part time employment	<input type="checkbox"/> Temporary employment	What date can you start?	
Are you willing to work:		Day shift <input type="checkbox"/> Yes <input type="checkbox"/> No	Evening shift <input type="checkbox"/> Yes <input type="checkbox"/> No	Night shift <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends/Holidays <input type="checkbox"/> Yes <input type="checkbox"/> 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.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, can you furnish proof that you are eligible to work in the United States?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied here before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Date	to Date
Were you ever employed here?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Date	to Date
Job Title:			Reason for leaving:		
Are you related to anyone currently employed by ABHM?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name:	
<p>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.</p>					
For driving jobs only :		Do you have a valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's license #		Class of license		State issuing license	
Has your driver's license been suspended or revoked in the last 3 years?					<input type="checkbox"/> Yes <input type="checkbox"/> 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?			

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			

Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, why do you desire to change your position?	
Have you ever been fired from a job, or asked to resign?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.	

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	

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.