

**Lutheran Social Services**  
AN EQUAL OPPORTUNITY EMPLOYER



## Application for Employment

*Please request any disability-related accommodations for interviews in advance*

*All applications will be considered **active** for 90 days from the application date. After application expiration, if you have not been hired, you may complete a new application if you wish to remain an active applicant. All applications will be maintained for one year from the application date.*

**SECTION A: PERSONAL DATA**

Application Date \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street
City
State
Zip Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you 18 years of age or older?  Yes  No  
 Are you legally entitled to work in the United States?  Yes  No

Where did you hear about LSS?  
 Newspaper or other Print Publication Which Publication? \_\_\_\_\_  
 Internet Which Web Site or Web Publication? \_\_\_\_\_  
 Referral Please list who referred you \_\_\_\_\_  
 Walk in  
 Other \_\_\_\_\_

Have you ever applied to Lutheran Social Services or one of its subsidiaries before (subsidiaries include Faith Mission, The Good Shepherd, Lutheran Village of Ashland, Lutheran Village of Columbus and/or Kensington Place)?  Yes  No  
 If yes, when? \_\_\_\_\_

Have you ever been employed by Lutheran Social Services or one of its subsidiaries before?  Yes  No  
 If yes, when? \_\_\_\_\_

Do you have a relative(s) currently employed by Lutheran Social Services?  Yes  No If yes, please list their name(s) \_\_\_\_\_

**SECTION B: EMPLOYMENT DESIRED**

Position Desired \_\_\_\_\_ Part-time, Full-time or Contingent (as-needed) \_\_\_\_\_

Date You Can Start: \_\_\_\_\_ Pay Desired \_\_\_\_\_

Please Indicate the Shift(s) You Are Available to Work Each Day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
__ 1 <sup>st</sup>	__ 1 <sup>st</sup>	__ 1 <sup>st</sup>	__ 1 <sup>st</sup>	__ 1 <sup>st</sup>	__ 1 <sup>st</sup>	__ 1 <sup>st</sup>
__ 2 <sup>nd</sup>	__ 2 <sup>nd</sup>	__ 2 <sup>nd</sup>	__ 2 <sup>nd</sup>	__ 2 <sup>nd</sup>	__ 2 <sup>nd</sup>	__ 2 <sup>nd</sup>
__ 3 <sup>rd</sup>	__ 3 <sup>rd</sup>	__ 3 <sup>rd</sup>	__ 3 <sup>rd</sup>	__ 3 <sup>rd</sup>	__ 3 <sup>rd</sup>	__ 3 <sup>rd</sup>

**SECTION C: EDUCATION & LICENSURE**

Type(s) of Licensure or Certification (if applicable): \_\_\_\_\_ Is licensure current?  Yes  No  
 License No. or Certification No. (if applicable): \_\_\_\_\_ Expiration Date \_\_\_\_\_

Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement of performing an essential job function.

**SECTION C: EDUCATION & LICENSURE *cont'd***

	No. of Years Attended	Subjects Studies	Did You Graduate (Yes/No)	Type of Degree Received
High School or GED				
College				
Other Degree/Training				

**SECTION D: EMPLOYMENT HISTORY**

*Please complete this section even if you intend to attach a resume.*

Please list your last five employers **OR** your last seven years of employment whichever is greater.  
 If you are currently employed may we contact your present employer? \_\_\_ Yes \_\_\_ No

Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Supervisor Title: _____	Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Starting Wage: _____ Ending Wage: _____
Job Title	Reason for Leaving

Description of Major Job Duties

Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Supervisor Title: _____	Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____ Starting Wage: _____ Ending Wage: _____
Job Title	Reason for Leaving

Description of Major Job Duties

**SECTION D: EMPLOYMENT HISTORY *cont'd***

Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Supervisor Title: _____	Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____  Starting Wage: _____  Ending Wage: _____
Job Title	Reason for Leaving
Description of Major Job Duties	
Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Supervisor Title: _____	Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____  Starting Wage: _____  Ending Wage: _____
Job Title	Reason for Leaving
Description of Major Job Duties	
Employer: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Supervisor Title: _____	Dates of Employment: From (Mo/Yr) _____ To (Mo/Yr) _____  Starting Wage: _____  Ending Wage: _____
Job Title	Reason for Leaving
Description of Major Job Duties	

**SECTION E: PERIODS OF UNEMPLOYMENT**

Please explain all periods of unemployment.

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**SECTION F: PROFESSIONAL REFERENCES**

Please give the names of three professional or school references.

Name	Telephone Number	Position/Business	Years Acquainted

**SECTION G: APPLICATION CERTIFICATION****PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, any incomplete, false or misleading statements on this application shall be grounds for dismissal at anytime during my employment.

I voluntarily and knowingly authorize any present or past employer or supervisor, college or university or other institution of learning, administrator, law enforcement agency, state agency, local agency, federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference, and/or any other persons to give records or information they may have concerning my criminal history, motor vehicle history, social security number, earnings history, character, employment history (including reason for termination), credit history, credit capacity, credit standing or any other information requested by LSS deemed pertinent to my employment. I release all parties from all liability for any damage that may result for furnishing said information to LSS.

In consideration of my employment, I understand that employment will be "at will," and that either I or LSS can terminate the employment relationship at any time for any reason, with or without prior notice or cause. Nothing in the Employee Handbook or the Agency's discretionary use of progressive discipline creates any express or implied contract to the contrary. No one in this Agency has the authority to change this "at will" relationship by any actions, practices, course of conduct, length of service, awards, transfers, promotions, promises or statements except by an individual written employment agreement signed by the CEO of LSS and by myself.

If I become employed by LSS and subsequently this employment relationship should end, I hereby give my permission for LSS to respond to inquiries regarding my past job performance. I release LSS from all liability for reporting my past job performance.

I understand that if I become employed by LSS, this application will become part of my official employment record.

Further, I understand and agree that any claim or lawsuit relating to my service with LSS must be filed no more than six (6) months after the date of the employment action. I waive any statute of limitations to the contrary.

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***For Human Resources Use Only***

Interview offered: \_\_\_ Yes \_\_\_ No Interview Date(s): \_\_\_\_\_

Position Interviewed for: \_\_\_\_\_

Offer Made: \_\_\_ Yes \_\_\_ No Offer Accepted: \_\_\_ Yes \_\_\_ No If No, explain: \_\_\_\_\_

## Background Check Agreement

### DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

As part of the application process and in connection with your offer of employment, Lutheran Social Services (LSS) will obtain background information, including certain consumer reports, on you. This may include but is not limited to a Social Security Number check, personal and professional references, education verification, exclusion from federal health care programs, and a background investigation of criminal, civil, and traffic records.

By signing this form I certify that the facts provided during the application processes and on the application form are true and complete to the best of my knowledge and understand that if employed, any incomplete, false or misleading statements on this or any other employment document may be grounds for dismissal at anytime during my employment.

In connection with my suitability for employment with LSS, or if employed, I understand that prior to or at any time after my employment commences, a consumer report may be requested for employment purposes from public records including, but not limited to, social security trace, motor vehicle history report or criminal history to the extent permitted by law from various local, state and federal agencies.

I voluntarily and knowingly authorize any present or past employer or supervisor, any institution of learning, administrator, law enforcement agency, state agency, local agency, federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal or professional reference, and/or any other persons to give records or information they may have concerning my criminal history, motor vehicle history, social security number, earnings history, character, employment history (including reason for termination), credit history, credit capacity, credit standing or any other information requested by LSS deemed pertinent to my employment.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act as a report used for the purpose of evaluation of pre-employment, promotion, reassignment or retention as an employee. I understand in the event that any information from the consumer report(s) is utilized in whole or in part in making an adverse decision with regard to my employment, before making that determination, you will provide me with a copy of the consumer report and a description of my rights under the Federal Fair Credit Reporting Act (FRCA). I understand use of date of birth is for identification purposes only. LSS is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status or any other characteristic protected by law.

I understand that any offer of employment, verbal or written, by an authorized agent of LSS is contingent upon satisfactory references, the satisfactory completion of pre-employment testing and acceptable consumer report(s).

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you lived in Ohio for that past 5 years: Yes \_\_\_\_\_ No \_\_\_\_\_ If No, what other state(s) have you lived in and when:

\_\_\_\_\_

Have you been known under any other name or social security number in the past that would impact LSS's ability to conduct a full background and reference check? \_\_\_ Yes \_\_\_ No If yes, please provide: \_\_\_\_\_

Have you ever, under your name or another name, been convicted (or pleaded guilty or no contest) to a Felony or Misdemeanor?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever, under your name or another name, been convicted of a crime which resulted with your being in prison or jail and released from prison or jail or paroled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever, under your name or another name, been excluded from participation in a federal health care program?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to any of the questions above, please explain when you were convicted and of what you were convicted:

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature, if Applicant is a Minor, Under 18 Years of Age \_\_\_\_\_ Date \_\_\_\_\_



## Drug Testing Consent Form

### DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

## PLEASE READ CAREFULLY BEFORE SIGNING

Name \_\_\_\_\_  
Last First Middle

SSN \_\_\_\_\_

#### LSS Drug Free Workplace

LSS is committed to a drug free workplace for the benefit of staff, residents and clients. Therefore, LSS has established a drug free workplace policy that includes pre-employment, post accident, reasonable suspicion and random drug testing. LSS has zero tolerance for possession, use, being under the influence of or testing positive for alcohol, illegal drugs or the misuse of legal drugs on the job. All employees must abide with the terms of this policy as a condition of employment.

I voluntarily agree to submit to a post offer alcohol and/or drug test as part of my application for employment. I agree to release these test results to LSS with the understanding that the results will be used in conjunction with the new hire process. I understand that LSS will maintain the results in a confidential manner. I further understand that a final positive test result indicating alcohol, illegal drugs or the misuse of legal drugs or my refusal to submit to an alcohol and/or drug testing procedure will disqualify me from further consideration for employment.

Further, I understand that if employed by LSS, I may be required to submit to a post accident, reasonable suspicion or random alcohol and/or drug test at any time. I agree that I will submit to any requested alcohol and/or drug testing. I understand that a positive result indicating alcohol, illegal drugs or the misuse of legal drugs or my refusal to submit to the alcohol and/or drug testing procedure may result in termination of my employment.

#### Verification of Test Results

A Medical Records Officer (MRO) shall evaluate the alcohol and/or drug test results of an applicant or employee and verify that the specimens were collected, transported and analyzed under proper procedures.

The MRO shall make this determination by checking any Chain of Custody forms for required signatures, procedures and information. If an applicant or employee receives a non-negative result on an alcohol and/or drug test, the MRO shall also determine if any alternative medical explanations caused the applicant or employee to receive a positive result on the alcohol and/or drug test. The MRO shall maintain the confidentiality of any information received from the alcohol and/or drug test, except as authorized by the applicant or employee or as otherwise provided by law.

#### Contesting a Positive Alcohol and/or Drug Screen Result

In the event an applicant or employee has a verified positive result, the MRO will inform the applicant or employee of the alcohol and/or drug result within three days after the MRO receives the alcohol or drug test result from the testing laboratory or clinic. The applicant or employee will have three days after notification from the MRO to discuss the test results with the MRO, submit to the MRO documentation of any prescription drugs relevant to the test result, or request a test of a split sample within 72 hours at the applicant's or employee's expense.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature, if Applicant is a Minor, Under 18 Years of Age

\_\_\_\_\_  
Date

INVITATION TO SELF IDENTIFY RACE, GENDER AND AS A PROTECTED VETERAN

To enable us to meet government reporting regulations and maintain an Affirmative Action Plan, **LUTHERAN SOCIAL SERVICES** requests that you complete this personal data form. **Information will be used solely for government reporting purposes and will be detached and kept separate from your file.** Any information that you choose to provide will not be considered by **LUTHERAN SOCIAL SERVICES** for employment purposes and will be treated as personal and confidential. Your voluntary cooperation is appreciated.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial

**SEX**

- Female
- Male

**RACE/ETHNICITY**

Please check the appropriate box(es) below.

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African-American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**LUTHERAN SOCIAL SERVICES** is a federal contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"), which requires contractors to take affirmative action to employ and advance in employment:

- (1) **disabled veterans** defined as (a) veterans of the U.S. military, ground, naval or air service who are entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) persons who were discharged or released from active duty because of a service-connected disability;
- (2) **recently separated veterans** defined as any veterans during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service;
- (3) **active duty wartime or campaign badge veterans** defined as veterans who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense; and
- (4) **Armed Forces service medal veterans** defined as veterans who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. This information is being requested on a voluntary basis and will be kept confidential, consistent with applicable law. Refusal to provide the requested information will not subject you to any adverse treatment. If provided, this information will not be used in a manner inconsistent with VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
- I AM NOT A PROTECTED VETERAN.
- I CHOOSE NOT TO SELF IDENTIFY.



# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.