Lutheran Social Services
Strengthening Individuals, Families and Communities

Application For Employment

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please let us know if you need an accommodation to complete the application process or to perform any essential duties of the position sought.

Name: _____
Last *First* *Middle*

Address: _____
Number & Street *City* *State* *Zip*

Social Security Number: _____

Phone: _____ Email: _____

Have you ever been employed with LSS before? ❑ No ❑ Yes If yes, give dates: _____

Position: _____ Location: _____

Referral Source: ❑ Internet Job Search ❑ LSS Website
❑ Employment Agency ❑ Other _____

Are you available to work: ❑ Full time ❑ Part Time

Type of position desired: _____ Starting salary expected: _____

When are you available to start work? _____ What hours are you available? _____

Education & Training

High School & location: _____

Years completed: ❑ 10 ❑ 11 ❑ 12 Graduated: ❑ No ❑ Yes ❑ GED

College/University & location: _____

Years completed: ❑ 1 ❑ 2 ❑ 3 ❑ 4 Graduated: ❑ No ❑ Yes Major: _____

Graduate School & location: _____

Graduated: ❑ No ❑ Yes Major: _____

Business/Vocational School & location: _____

Graduated: ❑ No ❑ Yes Major: _____

Describe any specialized training, experience and skills you may have:

Licenses or Certificates:

Professional License: _____ Licensing Board: _____

Expiration Date: _____

Are you legally eligible for employment in this country? No ❑ Yes ❑

(Proof of U.S. Citizenship or Immigration will be required upon employment.)

Employment Record
Provide Requested Information

List all periods of employment, including military service. Start with your most recent position and note any periods of unemployment.

1. Employer: _____ Phone: _____
Address: _____ Web Site: _____
From *(mo./yr.)*: _____ To *(mo./yr.)*: _____ Position Title: _____
Reason For Leaving: _____ Responsibilities:
Supervisor: _____
Salary: $_____

2. Employer: _____ Phone: _____
Address: _____ Web Site: _____
From *(mo./yr.)*: _____ To *(mo./yr.)*: _____ Position Title: _____
Reason For Leaving: _____ Responsibilities:
Supervisor: _____
Salary: $_____

3. Employer: _____ Phone: _____
Address: _____ Web Site: _____
From *(mo./yr.)*: _____ To *(mo./yr.)*: _____ Position Title: _____
Reason For Leaving: _____ Responsibilities:
Supervisor: _____
Salary: $_____

4. Employer: _____ Phone: _____
Address: _____ Web Site: _____
From *(mo./yr.)*: _____ To *(mo./yr.)*: _____ Position Title: _____
Reason For Leaving: _____ Responsibilities:
Supervisor: _____
Salary: $_____

Have you ever been convicted of a criminal offense? ❑ No ❑ Yes
If yes, please give details: _____
(Criminal convictions are not an absolute bar to employment, but will only be considered in relation to specific job requirements.)

Professional References–No Family Members Please

Professional includes employers, supervisors, professors and educational instructors.

Name: _____ Occupation: _____
Address: _____ Phone: _____

Name: _____ Occupation: _____
Address: _____ Phone: _____

Name: _____ Occupation: _____
Address: _____ Phone: _____

Please read the following sections carefully and sign.

Authorization For Reference Requests

I hereby give permission to contact the employers and personal references listed concerning any information deemed relevant.

Signature: _____ Date: _____

If there is a particular employer you do not wish contacted please specify: _____

Signature

Lutheran Social Services of South Dakota (LSS) is an equal opportunity employer, and selects the best matched individual for the job based upon job-related qualifications, regardless of race, color, creed, sex, national origin, age, disability or other protected groups under local, state or federal law.

I hereby declare that the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application or during the interview process may be considered cause for dismissal. I understand that this application is not a contract of employment and that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and LSS is terminable at will. I understand that if I am employed, such employment is for no definite period of time and that LSS can change wages, benefits and conditions at any time.

I further agree that if employed by LSS, I may be terminated at any time without liability for wages or salary except such as may have been earned by the date of such termination. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I authorize LSS to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies and corporations supplying such information. I also Indemnify LSS against any liability which might result from making such investigation

I authorize LSS to conduct a criminal record check. I understand that should the criminal record check or Application for Employment reveal a conviction of a crime which would indicate harmful behavior towards children, convictions of crimes involving moral turpitude and/or a related conviction, further processing of this application or my employment, if hired, may be terminated.

I authorize LSS to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

I understand that if employed, I must at all times comply with LSS standards of work performance and business conduct. Failure to do so can result in my release without notice.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application. I have read and understand the above.

Signature: _____ Date: _____

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Confidential Equal Employment Opportunity Report

Position Applied For: _____ Date: _____

Name: _____
Last *First* *Middle*

Address: _____
Number & Street *City* *State* *Zip*

Phone: _____ Email: _____

Birth Date: _____
(month, day, year)

Race/Ethnic Group: ❑ Black ❑ American Indian/Alaskan Native ❑ White
❑ Hispanic ❑ Asian/Pacific Islander

Gender: ❑ Female ❑ Male

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or age. The information on this page is for statistical reports only. This information will be kept in a separate file and destroyed within twelve (12) months.

Office Use Only

Program: _____
Position: _____
Date: _____
Name of staff filing Affirmative Action Report: _____