

Palmer Lutheran Health Center

A GUNDERSEN LUTHERAN AFFILIATE

112 Jefferson Street,
West Union, Iowa 52175

APPLICATION FOR EMPLOYMENT
Palmer Lutheran Health Center does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, sexual orientation, ancestry, handicap or age. No question on this application is intended to secure information to be used for such discrimination. If you object to answering any item requested on this application, you may omit that item.

IDENTIFICATION

Last Name		First Name		Initial	Social Security Number
Address: Street		City		State	Zip
Home Phone Number () - () - ()			Other Phone Number () - () - ()		Expected Salary
Position(s) Applied For: 1) _____ 2) _____ 3) _____					Earliest Starting Date
I would like to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Number of hours weekly: _____ Other: _____					
I am available to work: Days <input type="checkbox"/> P.M.'s <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/>					
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>			Do you have the legal right to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever applied for work here? YES <input type="checkbox"/> NO <input type="checkbox"/>			Have you worked here before? YES <input type="checkbox"/> NO <input type="checkbox"/> Dates _____ to _____		

EMPLOYMENT INFORMATION

PLEASE LIST LAST THREE EMPLOYERS, MOST RECENT OR PRESENT FIRST.

1	Company Name	Telephone () - () - ()
	Address	Employed (State Month & Year) From _____ To _____
	Name of Supervisor	Hourly Pay Start _____ Last _____
	Job Title & Responsibilities	May We Contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Your Name Then, If Different	Reason For Leaving
2	Company Name	Telephone () - () - ()
	Address	Employed (State Month & Year) From _____ To _____
	Name of Supervisor	Hourly Pay Start _____ Last _____
	Job Title & Responsibilities	May We Contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Your Name Then, If Different	Reason For Leaving
3	Company Name	Telephone () - () - ()
	Address	Employed (State Month & Year) From _____ To _____
	Name of Supervisor	Hourly Pay Start _____ Last _____
	Job Title & Responsibilities	May We Contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Your Name Then, If Different	Reason For Leaving

