



*Please complete all fields indicated below. Incomplete information could disqualify you from further consideration for employment with Lutheran Senior Services of Dover (LSSD).*

**Employment Application** (PLEASE PRINT)

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

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

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been terminated from employment or asked to resign in lieu of termination? YES  NO  Are you at least 18 years of age (If not, you may be required to provide Department of Labor certification in order to work) YES  NO

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional references. Professional references consist of current or former direct supervisors, or colleagues. At least one reference must be a supervisor, or if you have never been employed, you may use a professor, teacher, or other authority figure that has personal knowledge of your character.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Previous Employment

*Include your last seven (7) years of employment history including periods of unemployment, starting with your current employer and working backwards in time. Incomplete information could disqualify you from further consideration.*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Skills and Job Related Training**

**Specialized Skills or Certifications**

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Positions Held \_\_\_\_\_

## Disclaimer and Signature

*LSSD is an equal opportunity employer. LSSD does not discriminate in employment on the basis of race, color, religion, national origin, citizenship status, age, sex (including sexual harassment), sexual orientation, gender identify, disability, marital status, or military status.*

*I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for LSSD to hire me. If I am hired, I understand that either LSSD or I can terminate my employment at any time, for any reason, with or without cause, and without prior notice. I understand that no representative of LSSD has any authority to make assurances to the contrary.*

*I attest with my signature below that I have given to LSSD true, accurate, and complete information on this application. No information has been concealed. I authorize LSSD to contact references provided for employment reference checks. Moreover, I understand that any offer of employment is conditioned upon favorable background checks, to include criminal history. LSSD complies with both Federal and State law/regulations related to conducting background records review, notification, and decision making.*

*If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.*

Signature:

Date: \_\_\_\_\_