

Ministry Support Family & Youth Services

Genacross Foundation Housing & Community Services

Napoleon Campus Toledo Campus Sandusky Campus Wolf Creek Campus

APPLICATION FOR EMPLOYMENT

Inspired by the Christian faith, we embrace individuals and families with compassionate care and services throughout life's journey.

Genacross Lutheran Services, formerly Lutheran Homes Society (LHS), does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, ancestry, disability/handicap, and veteran or citizenship status. No question on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. This employment application and other Genacross documents are not contracts of employment. Any individual who is hired may voluntarily leave employment, and may be terminated by Genacross at any time for any reason or no reason. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by a prospective or existing employee.

PERSONAL INFORMATION

(Please print and complete ALL requested information.)

NAME:							
	Last			First		Mic	ldle
Present Address	:						
	Number	Street	$\mathbf{A}_{\mathbf{j}}$	ot.	City	State	Zip
Telephone		_ Last For	ır Digits of	Social Security	Number:		
Email address: _					_		
How long have	you lived at the a	ddress above?	YrsN	los.			
Have you lived	outside the State	of Ohio in the last fi	ve years? _	Yes	_No		
Have you ever b	een known by an	y other name(s)?	_ If yes, p	lease give nam	.e(s):		
Are you eligible	to work in the U	.S.?Yes	No				
		pplicants to provide, if hi necessary to demonstrate				ıments with	in three
Have you ever b	een employed by	Genacross or LHS	(or any of t	he above locati	ons) before?		
If yes, give dates	s: From:	To:					
Do you have frie	ends or relatives of	employed by Genac	ross?	If yes, please	identify:		

How did you hear about Genacross and/or the position? Position for which you are applying: Yes No List the skills and/or abilities you have that qualify you for this position: Yes No List the skills and/or abilities you have that qualify you for this position: Position the skills and/or abilities you have that qualify you for this position: Position the skills and/or abilities you have that qualify you for this position: Position the skills and/or abilities you have that qualify you for this position: Position the skills and/or abilities you have that qualify you for this position: Position the skills and/or abilities you have that qualify you for this position: Position Position	Are you under	Are you under 18 years of age? Yes No If yes, give date of birth:				
Are you able to perform the essential job functions for this position?YesNo List the skills and/or abilities you have that qualify you for this position:	How did you he	How did you hear about Genacross and/or the position?				
List the skills and/or abilities you have that qualify you for this position: Have you ever been convicted of a crime? Yes No _ If yes, please explain: Do you have any restrictions on the hours you can work or are available for work? If yes, please explain: Are you available for weekend work? Are you available for overtime work? EDUCATION Name	Position for wh	ich you are applying:				
Have you ever been convicted of a crime? Yes No If yes, please explain: Do you have any restrictions on the hours you can work or are available for work? If yes, please explain: Are you available for weekend work? Are you available for overtime work? EDUCATION Name Address Course of Study Graduated (Major and/or degree) High School Yes or No College/or Yes or No Other Yes or No Other Yes or No Additional course work, if applicable: CERTIFICATIONS AND/ OR LICENSURES Title of Certification or Licensure: Awarded by:	Are you able to	perform the essential job fur	nctions for this position?	Yes No		
Do you have any restrictions on the hours you can work or are available for work? If yes, please explain: Are you available for weekend work? Are you available for overtime work? Provided	List the skills a					
Are you available for weekend work? Are you available for overtime work? EDUCATION Name Address Course of Study Graduated (Major and/or degree) High School Yes or No College/or Yes or No Other Yes or No Other Yes or No Additional course work, if applicable: CERTIFICATIONS AND/ OR LICENSURES Title of Certification or Licensure: Awarded by:	Have you ever	been convicted of a crime? _	YesNo If	yes, please explain:		
Name Address Course of Study (Major and/or degree) High School Yes or No College/or University Yes or No Other Yes or No Additional course work, if applicable: CERTIFICATIONS AND/ OR LICENSURES Title of Certification or Licensure: Awarded by: Haddress Course of Study (Major and/or degree) Yes or No Yes or No	Do you have ar	ny restrictions on the hours yo	ou can work or are availal	ble for work? If yes,	please explain:	
Name Address Course of Study (Major and/or degree) High School	Are you available for weekend work? Are you available for overtime work?					
High School			EDUCATION			
College/or University Yes or No Other Yes or No Additional course work, if applicable: CERTIFICATIONS AND/ OR LICENSURES Title of Certification or Licensure:		Name	Address			
University Yes or No Other Yes or No Additional course work, if applicable: CERTIFICATIONS AND/ OR LICENSURES Title of Certification or Licensure: Awarded by:	High School				Yes or No	
Additional course work, if applicable: CERTIFICATIONS AND/ OR LICENSURES Title of Certification or Licensure: Awarded by:					Yes or No	
Additional course work, if applicable: CERTIFICATIONS AND/ OR LICENSURES Title of Certification or Licensure: Awarded by:	Other				Yes or No	
Title of Certification or Licensure:	•				_	
Title of Certification or Licensure:						
Awarded by:		CERTIFICA	ATIONS AND/ OR LIC	ENSURES		
	Title of Certification or Licensure:					
Licensure/Certification #: Expires:/	Awarded by:					
	Licensure/Certi	fication #:		Expires:/	/	

EMPLOYMENT HISTORY

PLEASE START WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT AND WORK BACK. <u>IF THIS SECTION IS NOT COMPLETED IN FULL, THE APPLICATION WILL NOT BE CONSIDERED.</u> (If additional space is required, attach a list of additional jobs and the requested information on a separate sheet.)

					_/
		Phone			
Primary Job Duties:					
	Title:				
	From: _	//	_ To: _	/	_/
		Phone			
Primary Job Duties:					
	Title:				
	From: _	//	_ To: _	/	_/
		Phone			
Primary Job Duties:					
	Title:				
	From:	/	_ To: _	/	_/
	Primary Job Duties: Primary Job Duties: Primary Job Duties: Primary Job Duties:	Primary Job Duties: From:	Primary Job Duties: Title: From:/ Phone Primary Job Duties: From:/ Phone Primary Job Duties: From:/ Phone Primary Job Duties: Primary Job Duties: Phone Primary Job Duties: Phone Primary Job Duties:	Primary Job Duties: Title: From:/ To: Phone Primary Job Duties: Title: From:/ To: Phone Phone Primary Job Duties: From:/ / To: Phone Primary Job Duties: Title: Title: Primary Job Duties:	

PLEASE READ CAREFULLY

Genacross Lutheran Services expresses its appreciation for the time and effort you have spent in completing this application. Please check your application to ensure that you have completely and accurately answered every question. Your consideration for employment is contingent upon your agreement to the following statements. Your signature will indicate that you have read these statements and agree to their terms.

I certify that the information contained in this application is correct, and I have not omitted any information. I understand that falsification of this information or omission of any information is grounds for rejection of this application, withdrawal of any conditional offer of work, or, if hired, termination of employment.

I understand and agree that I will be required to take a medical examination, at the expense of Genacross Lutheran Services, following a conditional offer of hire; or thereafter, at any time in the future during my employment, if hired. I also understand and agree that before beginning work, I will be requested to take a drug test, or, thereafter, as a condition of conditional or continuing employment. I understand that I may be required to subject myself to such testing, including drug and alcohol testing, as may be required by Genacross. I agree to authorize release of my medical records to a Genacross physician for use and review in such examinations and/or tests.

I authorize my previous employers, education institutions and other references to give Genacross any and all information in their possession regarding my employment history, including information pertaining to any discipline or termination; my educational records, including transcripts; or any other pertinent information they may have, personal or otherwise. I hereby release all such parties from all liability for any damage that may result from furnishing such information to Genacross.

I further agree, if hired, and if requested by management, to submit as a condition of employment, at any time, to an inspection of my person, desk, tool or lunch carrier, locker, automobile, or any other of my property that I may bring on to Genacross premises, and I hereby waive all claims for damages on account of such inspection. I acknowledge that if I refuse to permit such an inspection, it will result in my termination.

I further agree and acknowledge that, if hired, my employment and compensation may be terminated at any time, with or without notice, at the option of either Genacross Lutheran Services or myself without further liability for wages or benefits. I understand that no one, other than the President/CEO of Genacross Lutheran Services, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I understand that any such agreement by the President/CEO may only be done in writing and signed by him/her.

]	I further understand that this is an application for employment and	I that no offer of employ	ment is being
made at	this time.		

Date

BEFORE YOU SIGN THIS APPLICATION, PLEASE READ THE ABOVE CAREFULLY. IF YOU DO NOT FULLY UNDERSTAND ANY PART OF THE ABOVE, YOU SHOULD REQUEST AN EXPLANATION FROM THE INDIVIDUAL WITH WHOM YOU ARE SUBMITTING THE APPLICATION.

Applicant Signature