



Are you under 18 years of age? \_\_\_\_ Yes \_\_\_\_ No If yes, give date of birth: \_\_\_\_\_

How did you hear about Genacross and/or the position? \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Are you able to perform the essential job functions for this position? \_\_\_\_ Yes \_\_\_\_ No

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? \_\_\_\_\_

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### EDUCATION

	Name	Address	Course of Study (Major and/or degree)	Graduated
High School	_____	_____	_____	Yes or No
College/or University	_____	_____	_____	Yes or No
Other	_____	_____	_____	Yes or No

Additional course work, if applicable:

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### CERTIFICATIONS AND/ OR LICENSURES

Title of Certification or Licensure: \_\_\_\_\_

Awarded by: \_\_\_\_\_

Licensure/Certification #: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Our Values

Faithfulness to Christ, Equality & Justice, Wholeness of Life, Integrity, Quality of Service, Stewardship of Resources

## EMPLOYMENT HISTORY

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

Company Name: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ Primary Job Duties: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ Primary Job Duties: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ Primary Job Duties: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Position Held: \_\_\_\_\_ Primary Job Duties: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

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**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 that no offer of employment is being made at this time.

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Applicant Signature

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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.**

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