



Family & Youth Services | Genacross at Home
Housing & Community Services | Ministry Support
Napoleon Campus | Toledo 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 Middle

Present Address: _____
Number Street Apt. City State Zip

Telephone _____ - _____ - _____ Last Four Digits of Social Security Number: _____

Email address: _____

How long have you lived at the address above? ____ Yrs. ____ Mos.

Have you lived outside the State of Ohio in the last five years? ____ Yes ____ No

Have you ever been known by any other name(s)? ____ If yes, please give name(s): _____

Are you eligible to work in the U.S.? ____ Yes ____ No

(Federal immigration laws require all job applicants to provide, if hired, appropriate identity and employment eligibility documents within three days of hire, and if hired, thereafter where necessary to demonstrate continued compliance with the immigration laws.)

Have you ever been employed by Genacross or LHS (or any of the above locations) before? _____

If yes, give dates: From: _____ To: _____

Do you have friends or relatives employed by Genacross? ____ If yes, please identify: _____

Our Values

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

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? _____

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:

CERTIFICATIONS AND/ OR LICENSURES

Title of Certification or Licensure: _____

Awarded by: _____

Licensure/Certification #: _____ **Expires:** ____/____/____

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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: _____
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Company Name: _____ From: ___/___/___ To: ___/___/___
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Immediate Supervisor: _____ Title: _____
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Company Name: _____ From: ___/___/___ To: ___/___/___
Address: _____ Phone _____ - _____ - _____
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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.

Applicant Signature

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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