

EDUCATION

School:	Name/Location:	Study Area:	# Years:	Degree/Diploma Received:
Graduate				
College				
Business/ Trade				
High School/GED				

CREDENTIALS

Type of Licensure:	License Number(s):	Expiration Date:
<input type="checkbox"/> RN <input type="checkbox"/> LPC <input type="checkbox"/> CCDC: Level: _____ <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Other:	<input type="checkbox"/> LSW <input type="checkbox"/> LPCC <input type="checkbox"/> LISW <input type="checkbox"/> CT <input type="checkbox"/> RC for CCDC <input type="checkbox"/> SWA	

List any pending license (include expected date): _____

Have any restrictions, sanctions, or disciplinary actions ever been taken against your license? _____

If yes, indicate the type of action taken and explain the circumstances: _____

Please list academic achievements, honors, scholarships, fellowships, special recognition, or participation in or offices held in extracurricular activities.

MISCELLANEOUS

Have you ever been bonded? No Yes, with _____

Have you ever been terminated or have you resigned after being told you would be terminated? No Yes

If yes, please explain: _____

Have you ever been convicted of a crime? No Yes

If yes, please explain: _____

If hired for a position requiring the use of a vehicle:

a) Do you carry a valid driver's license in the State of Ohio? No Yes

b) Are there currently any violations or citations on your driving record? No Yes

If yes, please explain: _____

EMPLOYMENT EXPERIENCE

May we contact your present employer?

 Yes No Later time

In order that we may check employment references, beginning with current/most recent employer please provide your complete/accurate employment history.

1. Company Name:	Telephone Number: ()
Complete Address:	Employment Dates: From: To:
Supervisor's Name:	Salary: <input type="checkbox"/> Hour <input type="checkbox"/> Annual
Job title and description of work duties;	Start: Last: Reason for Leaving:

2. Company Name:	Telephone Number: ()
Complete Address:	Employment Dates: From: To:
Supervisor's Name:	Salary: <input type="checkbox"/> Hour <input type="checkbox"/> Annual
Job title and description of work duties;	Start: Last: Reason for Leaving:

3. Company Name:	Telephone Number: ()
Complete Address:	Employment Dates: From: To:
Supervisor's Name:	Salary: <input type="checkbox"/> Hour <input type="checkbox"/> Annual
Job title and description of work duties;	Start: Last: Reason for Leaving:

If any of the above listed employers should not be contacted, please state the number(s) _____ and reason(s):

Are you known to any of the above employers by a different name?

 No Yes

If yes, indicate name and date used: _____

REFERENCES

List three references that are not related to you.		
Name	Complete Address	Telephone Number

Applications will be maintained on file for a period of one year.

CONDITIONS OF EMPLOYMENT

Please read the following statements carefully.

In filling out this application form, I understand that Lutheran Social Services of Northwestern Ohio, Inc. may wish to investigate any of the facts or statements submitted by me. I hereby grant permission to check any of this information except where my written statement upon this form specifically requests that no investigation be made. (This includes reference contacts with present employers).

I hereby authorize Lutheran Social Services of Northwestern Ohio and/or its agents to conduct such investigation of my application for employment as considered necessary. I authorize and request any and all former employers and/or business references to furnish information concerning my past job performance and work, salary, criminal and educational histories. I release from any liability the above named individuals furnishing such information. I recognize a photocopy of this authorization is a valid requisition.

I also understand that any falsification, deliberate omission or misrepresentation of facts upon this application will be considered just cause for dismissal at the discretion of the Agency, should I become an employee of Lutheran Social Services of Northwestern Ohio, Inc.

I understand that Lutheran Social Services of Northwestern Ohio, Inc., does not intend to alter, by words or actions of the Agency or its employees, the traditional rule that either the Agency or its employees may terminate the employment relationship at any time. I also understand that the Agency does not intend to create an implied contract between the Agency and its employees through the development and dissemination of Agency policies, procedures, manual or other literature.

Nothing in this application is intended to create or imply a contractual relationship. If hired, such employment is "at will", i.e., it is not for any specific period or duration, and can be terminated with or without reason at any time. While employment policies may change from time to time, only a written agreement signed by Lutheran Social Services' Executive Director can change the employee's "at-will" status.

Signature of Applicant:

Date: