



MORAVIAN CARE MINISTRIES
Serving Seniors in the Spirit of Christ's Love

Auburn Courts ó The Courtyard at Auburn
Auburn Manor ó Talheim
501 Oak Street N, Chaska, MN 55318
952-448-9303

Auburn Home in Waconia
594 Cherry Drive, Waconia, MN 55387
952-442-2546

Application for Employment

Name _____ Soc. Sec. # _____
Last First Middle

Address _____
Street City State Zip Code

Home phone # (____) _____ Cell/Other Phone # (____) _____ Email address _____

Position(s) applied for _____

Referral Source (Please mark the appropriate category and list the source.)

- | | |
|--|--|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Advertisement _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you is: _____ AM
_____ PM Home Cell/Other Phone

Yes No May we contact you at work?

If yes, work number and best time to call: (____) _____ AM
_____ PM

Yes No Have you submitted an application here before?
If yes, give date(s) and position(s): _____

Yes No Have you ever been employed here before?
If yes, give dates: From ____/____/____ To ____/____/____

Yes No Is this application a request for reemployment following an extended military leave of absence from this company?

Yes No Are you legally eligible for employment in this country?

Date available for work: ____/____/____

What is your desired salary range or hourly rate of pay? \$ _____ per _____

Type of employment desired: Full-Time Part-Time

Type of work schedule interest in: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Days (1 st shift) | <input type="checkbox"/> Evenings (2 nd shift) | <input type="checkbox"/> Nights (3 rd shift) |
| <input type="checkbox"/> On-call | <input type="checkbox"/> Weekends | <input type="checkbox"/> Short Shift AM PM |

Answering **yes** to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Yes No Have you ever pleaded guilty or ðno contest to or been convicted of a crime?

If yes, please provide date(s) and details: _____

Employment History

Starting with your most recent employer, provide the following information:					
Employer	Telephone #	Dates employed: Month / Year		to Month / Year	
Street Address	City	State		Compensation (Starting)	
Starting job title/final job title			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per
Immediate supervisor and title (for most recent position held)			Compensation (Final)		
Why did you leave?			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per
Summarize the type of work performed and job responsibilities.			Commission/Bonus/Other Compensation		\$ _____
Employer	Telephone #	Dates employed: Month / Year		to Month / Year	
Street Address	City	State		Compensation (Starting)	
Starting job title/final job title			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per
Immediate supervisor and title (for most recent position held)			Compensation (Final)		
Why did you leave?			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per
Summarize the type of work performed and job responsibilities.			Commission/Bonus/Other Compensation		\$ _____
Employer	Telephone #	Dates employed: Month / Year		to Month / Year	
Street Address	City	State		Compensation (Starting)	
Starting job title/final job title			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per
Immediate supervisor and title (for most recent position held)			Compensation (Final)		
Why did you leave?			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary		\$ _____ per
Summarize the type of work performed and job responsibilities.			Commission/Bonus/Other Compensation		\$ _____

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

Yes No If not addressed on previous page, have you ever been fired or asked to resign from a job?

If yes, please explain: _____

Skills and Qualifications

Please use the space below for any additional information necessary to describe your full qualifications (*i.e.* specialty areas such as ICU, Geriatrics, special equipment, typing speed, computer software programs).

Yes **No** Do you speak, read or write in any language other than English?

If yes, please describe: _____

Education and Training

Name of School and Address	No. of Years	Course/Major	Diploma/Degree

Professionals and Technical Applicants Only

Professional License Number	Type of License	Place of Issue	Expiration Date
			/ /
			/ /

References

List names and telephone numbers of three business/work references who are *not* related to you and are not previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to you	Telephone	E-mail	# of years known
			()		
			()		
			()		

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, Moravian Care Ministries (MCM), its representatives, employees or agents to contact and obtain information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding MCM, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 120 days. At the conclusion of that time, if I have not heard from MCM and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and MCM reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of MCM is authorized to make any assurances to the contrary and that nor implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by MCM's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Moravian Care Ministries does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. Moravian Care Ministries likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). Moravian Care Ministries takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from Moravian Care Ministries's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date: ____/____/____