

St. Luke Homes & Services, Inc.

1301 St. Luke Drive ~ Spencer, Iowa 51301 ~ (712) 262-5931

Application for Employment

DATE: _____

POSITION DESIRED: _____

FULL-TIME PART-TIME

SHIFTS AVAILABLE TO WORK: 6 a.m. – 6 p.m. 6 p.m. – 6 a.m. (Skilled Nursing & CNAs only)

6 a.m. – 2:30 p.m. 2 p.m. – 10:30 p.m. 10 p.m. – 6:30 a.m.

We are an Equal Opportunity Employer and do not unlawfully discriminate in employment. We recruit, employ, train, compensate and promote without regard to race, religion, creed, color, national origin, age, gender, transgender, sexual orientation, marital status, disability, veteran status or any other basis protected by applicable federal, state or local law. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on bases prohibited by local, state or Federal law. Equal access to employment and programs are available to all persons. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify a representative of St. Luke Homes & Services, Inc. This application shall remain active for 30 days only.

PERSONAL INFORMATION

(FIRST NAME) (MI) (LAST NAME) (PHONE NUMBER)

(STREET ADDRESS) (EMAIL ADDRESS) (SOCIAL SECURITY NUMBER)

(CITY) (STATE) (ZIP CODE) (PLACE OF BIRTH)

STATE AGE IF UNDER 18 YEARS OF AGE: _____ ARE YOU 21 OR OLDER? Yes No

ARE YOU CERTIFIED FOR THE POSITION YOU ARE APPLYING FOR? Yes No

If YES, please list License or Certificate Number: _____

YEARS AT PRESENT ADDRESS: _____ IF LESS THAN 3 YEARS GIVE PREVIOUS ADDRESS:

(ADDRESS) (CITY) (STATE) (ZIP)

FORMAL EDUCATION

(INSTITUTION NAME AND LOCATION OF SCHOOL) (FROM) - (TO)

(DEGREE)

(INSTITUTION NAME AND LOCATION OF SCHOOL) (FROM) - (TO)

(DEGREE)

(INSTITUTION NAME AND LOCATION OF SCHOOL) (FROM) - (TO)

(DEGREE)

WORK EXPERIENCE

1. _____ - _____
(FROM) (TO) (COMPANY AND ADDRESS)

(POSITION) (SUPERVISOR) (PHONE NUMBER)

(REASON FOR LEAVING)

2. _____ - _____
(FROM) (TO) (COMPANY AND ADDRESS)

(POSITION) (SUPERVISOR) (PHONE NUMBER)

(REASON FOR LEAVING)

3. _____ - _____
(FROM) (TO) (COMPANY AND ADDRESS)

(POSITION) (SUPERVISOR) (PHONE NUMBER)

(REASON FOR LEAVING)

May we call to verify employment? Yes No

If No, which employer(s) and why?

List any experience or special training related to the job applied for:

Have you ever worked for this Company before? Yes No

If yes, where and when?

WORK / PERSONAL REFERENCES

Do you know anyone who works or has ever worked for this Company? Yes No

If yes, please give names:

List three persons, not relatives, which you have known for at least three years:

- | | |
|---|----------------|
| 1. _____
(NAME) | _____ |
| _____ | (PHONE NUMBER) |
| _____ | _____ |
| (ADDRESS INCLUDES STREET, CITY, STATE AND ZIP CODE) | (OCCUPATION) |
| 2. _____
(NAME) | _____ |
| _____ | (PHONE NUMBER) |
| _____ | _____ |
| (ADDRESS INCLUDES STREET, CITY, STATE AND ZIP CODE) | (OCCUPATION) |
| 3. _____
(NAME) | _____ |
| _____ | (PHONE NUMBER) |
| _____ | _____ |
| (ADDRESS INCLUDES STREET, CITY, STATE AND ZIP CODE) | (OCCUPATION) |

OTHER INFORMATION

Have you ever been convicted of or pled no contest to an offense other than a minor traffic violation? Yes No
(Do not include convictions while a minor.)

If YES, state the nature of the offense(s), date(s), city and state and disposition. A conviction or plea record is not an automatic bar to employment and the nature, recency, disposition of an offense, and other factors deemed relevant by the employer will be considered as it relates to the job for which you are applying.

Would you be willing and able to perform ALL tasks required by the job for which you are applying? Yes No

If NO, explain: _____

Where did you learn of this employment opportunity?

- Paper/Shopper Radio Internet Friend Other _____

STATEMENT OF CERTIFICATION

I understand that misrepresentation, omission of facts, or incomplete information requested, may result in my not being considered for employment. I certify all statements given herein are true and complete and, if employed, understand that false and misleading statements given in my application or interview(s) may result in dismissal, regardless of the time they are discovered.

I authorize investigation of all statements contained in this application and any attachments for employment as may be necessary in arriving at an employment decision. I hereby release the Company, and all persons and organizations, from any and all claims and liability of any kind arising from such investigation or the supplying of information as part of such process.

In signing this application, I state that I have read a copy of the job description for all jobs for which I have applied. I understand that I will be required to fulfill all aspects of any job if I am hired to perform the job. I understand that the failure to fulfill any aspect of the job may be grounds for termination.

I also understand that I am required to submit to a TB test and physical examination, to possibly include a functional assessment, drug testing, and x-rays if requested, and if such reports show that I do not meet the required medical standards for this position, I agree that my employment or offer of employment may be terminated. St. Luke Homes & Services, Inc. will pay for or reimburse me for this physical.

If uniforms or any St. Luke Homes & Services, Inc. equipment are furnished to me, I will return them, clean and in good condition when I am no longer employed at St. Luke Homes & Services, Inc. or I authorize St. Luke Homes & Services, Inc. to deduct the amount of cost prorated from my paycheck.

I understand that I am required to have a checking or savings account at a bank of my choice for the direct deposit of my paycheck. I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure constitutes an employment contract or modification of the at-will employment relationship between me and the Employer. Any changes to this employment relationship must be in writing. I understand that if hired, I am required to abide by all rules and regulations of St. Luke Homes & Services, Inc.

(SIGNATURE OF APPLICANT)

(DATE)

APPLICANT INVITATION TO SELF-IDENTIFY

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Thank you for considering ST LUKE HOMES & SERVICES, INC. in your job search. This employer is a government contractor subject to Executive Order 11246, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, and Section 503 of the Rehabilitation Act. In order to evaluate and improve our recruiting processes and to respond to federal recordkeeping and reporting requirements, we invite you to complete this brief form. **Providing this information is voluntary; refusal to provide the information will not result in any adverse treatment.**

RACE/ETHNIC GROUPS: Are you Hispanic or Latino? Yes No

If you answered "No" to the question "Are you Hispanic or Latino?" please check the applicable race box (check one):

- White (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or More Races – All persons who identify with more than one of the above five races. (Not Hispanic or Latino)

SEX:

Male Female

VETERAN STATUS:

Classifications of *protected veteran* are defined as follows:

- A "**disabled veteran**" is either a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "**armed forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

- I identify as one or more of the classifications of *protected veteran* listed above.
- I am **not** a *protected veteran*.

APPENDIX: CAMPAIGNS AND EXPEDITIONS THAT QUALIFY FOR VETERANS PREFERENCE

Armed Forces Expeditionary Medal:		
Campaign/Expedition	Start Date	End Date
Afghanistan (Operation Enduring Freedom)	09/11/01	present
Afghanistan (Operation Iraqi Freedom)	03/19/03	present
Berlin	08/14/61	06/01/63
Bosnia (Operation Joint Endeavor)	11/20/95	12/20/96
Bosnia (Operation Joint Guard)	12/20/96	06/20/98
Bosnia (Operation Joint Forge)	06/21/98	present
Cambodia	03/29/73	08/15/73
Cambodia Evacuation (Operation Eagle Pull)	04/11/75	04/13/75
Congo	07/14/60	09/01/62
Congo	11/23/64	11/27/64
Cuba	10/24/62	06/01/63
Dominican Republic	04/28/65	09/21/66
El Salvador	01/01/81	02/01/92
Global War on Terrorism	09/11/01	present
Grenada (Operation Urgent Fury)	10/23/83	11/21/83
Haiti (Operation Uphold Democracy)	09/16/94	03/31/95
Iraq (Operation Northern Watch)	01/01/97	present
Iraq (Operation Desert Spring)	12/31/98	12/31/02
Iraq (Operation Enduring Freedom)	09/11/01	present
Iraq (Operation Iraqi Freedom)	03/19/03	present
Korea	10/01/66	06/30/74
Kosovo	03/24/99	present
Laos	04/19/61	10/07/62
Lebanon	07/01/58	11/01/58
Lebanon	06/01/83	12/01/87
Mayaguez Operation	05/15/75	05/15/75
Operations in the Libyan Area (Operation Eldorado Canyon)	04/12/86	04/17/86
Panama (Operation Just Cause)	12/20/89	01/31/90
Persian Gulf Operation (Operation Earnest Will)	07/24/87	08/01/90
Persian Gulf Operation (Operation Southern Watch)	12/01/95	present
Persian Gulf Operation (Operation Vigilant Sentinel)	12/01/95	02/01/97
Persian Gulf Operation (Operation Desert Thunder)	11/11/98	12/22/98
Persian Gulf Operation (Operation Desert Fox)	12/16/98	12/22/98
Persian Gulf Intercept Operation	12/01/95	present
Quemoy and Matsu Islands	08/23/58	06/01/63
Somalia (Operations Restore Hope and United Shield)	12/05/92	03/31/95
Taiwan Straits	08/23/58	01/01/59
Thailand	05/16/62	08/10/62
Vietnam Evacuation (Operation Frequent Wind)	04/29/75	04/30/75
Vietnam (including Thailand)	07/01/58	07/03/65

Navy Expeditionary Medal and Marine Corps Medal for These Operations:		
Campaign/Expedition	Start Date	End Date
Cuba	01/03/61	10/23/62
Indian Ocean/Iran	11/21/79	10/20/81
Iranian/Yemen/Indian Ocean	12/08/78	06/06/79
Lebanon	08/20/82	05/31/83
Liberia (Operation Sharp Edge)	08/05/90	02/21/91
Libyan Area	01/20/86	06/27/86
Panama	04/01/80	12/19/86
Panama	02/01/90	06/13/90
Persian Gulf	02/01/87	07/23/87
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

Other Campaign and Service Medals Qualifying for Preference:		
Campaign/Expedition	Start Date	End Date
Army Occupation of Austria	05/09/45	07/27/55
Army Occupation of Berlin	05/09/45	10/02/90
Army Occupation of Germany (exclusive of Berlin)	05/09/45	05/05/55
Army Occupation of Japan	09/03/45	04/27/52
Chinese Service Medal (Extended)	09/02/45	04/01/57
Korea Defense Service Medal	07/28/54	TBD
Korean Service	06/27/50	07/27/54
Kosovo Campaign Medal (KCM) Operation Allied Force	03/24/99	06/10/99
Kosovo Campaign Medal (KCM) Operation Joint Guardian	06/11/99	TBD
Kosovo Campaign Medal (KCM) Operation Allied Harbor	04/04/99	09/01/99
Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	04/04/99	07/10/99
Kosovo Campaign Medal (KCM) Operation Noble Anvil	03/24/99	07/20/99
Kosovo Campaign Medal (KCM) Task Force Hawk	04/05/99	06/24/99
Kosovo Campaign Medal (KCM) Task Force Saber	03/31/99	07/08/99
Kosovo Campaign Medal (KCM) Task Force Falcon	06/11/99	TBD
Kosovo Campaign Medal (KCM) Task Force Hunter	04/01/99	11/01/99
Navy Occupation of Austria	05/08/45	10/25/54
Navy Occupation of Trieste	05/08/45	10/25/54
Southwest Asia Service Medal (Operations Desert Shield and Desert Storm)	08/02/90	11/30/95
Units of the Sixth Fleet (Navy)	05/09/45	10/25/55
Vietnam Service Medal (VSM)	07/04/65	03/28/73
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.