



APPLICATION FOR EMPLOYMENT
BETHEL LUTHERAN NURSING & REHABILITATION CENTER
1515 2nd AVENUE WEST
WILLISTON, ND 58801

www.blnrc.com

Bethel Lutheran Nursing & Rehabilitation Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Date of Application: _____

Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Position(s) Applying For: _____

E-mail: _____

Date Available: _____ Position Requested: Full-time _____ Part-time _____

Shift: _____ Hours/Days/Shifts You are UNABLE to Work: _____

How were you referred to Bethel Lutheran Nursing & Rehabilitation Center? _____

PERSONAL DATA

Are you at least 16 years of age? Yes ___ No ___

Have you ever applied to/worked for Bethel Lutheran Nursing & Rehabilitation Center before? Yes ___ No ___

If yes, please explain (include dates): _____

Have you ever been convicted of, or plead guilty or no contest to, a crime other than a minor traffic violation?

Yes ___ No ___

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

PROFESSIONAL LICENSES, CERTIFICATES AND PERMITS

List All Professional License, Certificates or Permits:

NAME	STATE	NUMBER	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a professional license disciplinary action, or has your license ever been revoked, suspended, restricted or modified in any state? Yes ___ No ___ *If yes, please attach full details.*

If you do not have a required registration or license, have you applied for one? Yes ___ No ___

If an examination is required, what date are you scheduled to take the examination? _____

If not licensed in North Dakota, have you applied for reciprocity? Yes ___ No ___

EDUCATION

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Military Experience:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____

Duties: _____

Reason for Leaving: _____

WORK-RELATED REFERENCES: *(Do not include relatives)*

Name	Occupation	Years Known	Phone Number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATEMENT: *(Please read this statement carefully before signing this application)*

Employment at Bethel Lutheran Nursing & Rehabilitation Center (BLNRC) is an “at-will” basis and is for no definite period and may, regardless of the date or method of payment of wages or salary, be terminated at any time with or without cause and with or without notice. Other than the Administrator of BLNRC, no supervisor, manager, or other person, irrespective of title of position, has authority to alter the at-will status of your employment or to enter into any employment contract for a definite period of time with you. Any agreement with you altering your at-will employment status must be in writing and signed by the Administrator of BLNRC. Equally, employees are free to terminate their employment at any time for any reason.

I authorize BLNRC to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release BLNRC and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand Bethel Lutheran Nursing & Rehabilitation Center requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify all the statements in this completed application are true and understand any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____

THANK YOU FOR YOUR INTEREST IN BETHEL LUTHERAN NURSING & REHABILITATION CENTER

Please feel free to attach your resume or any other additional information which may be helpful in evaluating your qualifications and return your application to:

Bethel Lutheran Nursing & Rehabilitation Center
1515 2nd Avenue West
Williston, ND 58801

APPLICANT PLEASE SIGN AND DATE THE TOP PORTION

I hereby authorize my former employers, school officials and other persons with whom I have been professionally associated to give Bethel Lutheran Nursing & Rehabilitation Center any information regarding my employment record, together with any information they may have regarding whether or not such information is on their records. I hereby release said companies and individuals for any damage whatsoever resulting from the giving of such information.

Signature _____ Date _____



Bethel Lutheran Nursing & Rehabilitation Center

1515 2nd Ave West
Williston, ND 58801
phone: (701) 572-6766
fax: (701) 572-7579

To _____

_____ is an applicant for a position as _____.
He/She has given us permission to contact you for a reference. Although the position they have applied for at Bethel Lutheran Nursing & Rehabilitation Center may be different than they had at your facility, we would appreciate your evaluation of this person's job performance based on their work while employed at your organization. Thank you for your time and feedback.

Employed from _____ to _____ Department _____

Position/Title _____ Leaving _____ Title _____

Reason for leaving _____

Would you rehire? _____ If not why? _____

Please rate applicant on the following characteristics:

	Poor	Fair	Good	Excellent
Quality of Work				
Quantity of Work				
Appearance				
Dependability				
Perception of Co-workers				
Team Effectiveness				

Is there any other information that may help us evaluate this applicant? _____

Signed _____ Title _____

PLEASE RETURN IN ENCLOSED ENVELOPE