## **BETHESDA HOME**



## **Employment Application**

Application Date:	Position(s) applied for:						
Legal Last Name:	First Name:			Middle Name:			
Preferred Name:		Birt	h Gender:	Gender Identity:			
	s: City, State, Zip:						
Home Phone:	Cell:		Are	e you over the age of 16? Yes 🗌 No 🗌			
E-mail address:			Best time to co	ontact you:			
Times you are available to work:							
5 H.T. (20 42)	•			221/ 1 1 1 1			
_				PRN (when called):			
		□ Nights					
Would you work overtime if	fasked? Yes ☐ No ☐	Other shifts	or times if ask	xed or available? Yes │ No │			
What is your desired salary range/hourly wage?: Date available to begin work?:							
Have you worked 40 hours or more in the last 60 days?: Yes 🔲 No 🔲 Currently employed?: Yes 🗍 No 🗍							
If so, may we conta	act your current employer?	Yes 🔲 No 🛚					
Are you currently on "lay-of	ff" status and subject to recal	I? Yes ☐ No					
Can you travel if a job requi	res it? Yes No						
Are you under 18 years of a	ge? Yes ∐ No ∐						
Can you provide required proof of your eligibility to work? Yes \( \Boxed{1} \) No \( \Boxed{1} \)							
Have you ever applied at Bethesda before? Yes 🗌 No 🗌 If yes, give date: Department:							
Have you ever worked for us before? Yes D No D If yes, give date: Department:							
Do you have any friends &/or relatives who work here? Yes $\square$ No $\square$							
If yes, give name and relationship:							
How did you learn about us? Telephone 📗 Friend 📗 Relative 📗 Advertisement 🗍 Employment Agency 🗍							
Social Media	Other						
Are you prevented from law	vfully becoming employed in	this country beca	use of Visa or i	immigration status? Yes No			
(Proof of citizenshi	p or immigration status will b	e required upon o	employment)				
				rs and summary offenses, which have NOT			
Have you ever been convict	ed of a felony? Yes 🔲 N	o 🗌 If yes, expl	ain:				
Have you ever been exclude assistances and be		tracts, certain sub	ocontracts or co	ertain federal financial and non-financial			
Have you ever been exclude	ed from Medicare, Medicaid o	or any other feder	ral health care	program? Yes 🗌 No 🗌			
Have you ever been licensed	d to work in another state an	d if so, what state	?				
Bethesda Home conside	ers applicants for all position	ons without reg	ard to race o	color, religion, creed, gender, national			

Bethesda Home considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

# **Education and Work Experience** School Name/Location of school **Course of Study** Year Diploma Graduate College High **Employment Experience** Start with your present or last job. Former Employer: Address: Telephone: \_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_ Dates of employment: \_\_\_\_\_\_ to: \_\_\_\_\_ \_\_\_\_\_ Ending Pay: \_\_\_\_\_\_ Starting Pay: \_\_\_\_\_ Job Title and Duties: \_\_\_\_ Reason for leaving: \_\_\_\_\_ May we call this employee for a reference? Yes: \_\_\_\_\_ No: \_\_\_\_ If no, why not? \_\_\_\_\_ Former Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_ Dates of employment: \_\_\_\_\_\_ to: \_\_\_\_\_ Starting Pay: \_\_\_\_ \_\_\_\_\_ Ending Pay: \_\_\_\_\_ Job Title and Duties: Reason for leaving: \_\_\_ May we call this employee for a reference? Yes: \_\_\_\_\_ No: \_\_\_\_ If no, why not? \_\_\_\_\_ Former Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Dates of employment: to: Starting Pay: \_\_\_\_\_\_ Ending Pay: \_\_\_\_\_ Job Title and Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ May we call this employee for a reference? Yes: \_\_\_\_\_ No: \_\_\_\_ If no, why not? \_\_\_\_\_

Former Employer:	Address:	
Telephone:	Supervisor:	
Dates of employment:	to:	······································
Starting Pay:	Ending Pay:	
Job Title and Duties:		
Reason for leaving:		
May we call this employee for a reference	e? Yes: No: If no, why not?	
List professional, trade, business or ci	ivic activities and offices held:	
List all other names you have used ot to legal name change, etc.:	ther than the names listed on this application, such	ch as maiden name, name prior
	REFERENCES (other than Family)	
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Please read a	nd understand this statement before signing your appl	ication:
I understand this application shall be cons	sidered active for 90 days.	
enforcement agencies and other parties, personal interview. I waive all rights and c	nation about me from previous employers, educational to verify the accuracy of information in this application claims I may otherwise have against the employer or its ment request and all other people who provide inform	n, a related employment resume or srepresentatives, for seeking, and
create an employment contract between terminate my employment at any time, w no one, other than the CEO has authority	e employment application, granting of an interview or Bethesda and me. If I accept an offer of employment, I with or without cause and without prior notice, by Bethe to enter into any employment agreement with terms of cept all terms and conditions in the above statement.	understand the employer may esda or myself. I understand that
Signed:	Date:	

# **BETHESDA HOME**

#### **MISSION**

**BETHESDA** 

**SEEKS TO BE A COMMUNITY** 

FORMED BY THE SPIRIT OF JESUS CHRIST

TO FULFILL THE LIVES OF ADULTS

WITH SPECIAL NEEDS

IN A PLACE THAT IS

**HOME** 

### VISION

Bethesda will be a regenerative community for all residents, staff, board and families.

Bethesda will achieve its mission by honoring these

## **CORE VALUES**

- 1. Treasure every person
- 2. Practice daily welcome and hospitality
- 3. Listen with the heart, hold confidences, forgive
  - 4. Name losses and celebrate joys
  - 5. Foster choice, creativity and playfulness
- 6. Develop servant leaders who seek supervision and foster excellence
  - 7. State goals, accept risks, be accountable
  - 8. Change unjust practices and negotiate conflicts
- 9. Enlarge, develop and complete life, receiving and giving blessings.

I am in agreement with the mission, vision and core values of Bethesda and, if employed, I agree to conduct myself in accordance with them with full knowledge that violation may result in disciplinary action up to and including termination. I certify that the information I provided in this application for employment is true. False, incomplete or misrepresented information will be sufficient cause for my application to be rejected, or, if discovered after I am employed, cause for immediate termination of my employment.

Signed:	Date:	

Please mail or drop off completed application to:

Bethesda Home HR Department

PO Box 37, Goessel, KS 67053