



A life of possibilities for people with intellectual disabilities.

Mosaic is an equal opportunity employer and does not discriminate based on race, color, creed, sex, religion, ethnic or national origin, disability, marital status, veteran status, or any other protected class under applicable state and federal law.

Applications must be completed in their entirety in order to be considered for employment.

PERSONAL	Last Name	First Name	Middle Name	Application Date
	Street Address			Home Telephone ()
	City	State	Zip	Business Telephone ()
	Other phone numbers where you may be reached: Cell () _____ Other () _____			
	Email Address: _____			
	Have you ever applied for employment at Mosaic? _____ Yes _____ No		Social Security Number _____	
	If YES: Month and year _____ Location _____			
	Have you ever been employed by Mosaic? _____ Yes _____ No		Date: From _____ to _____	
	Have you ever been employed by Martin Luther Homes? _____ Yes _____ No		Date: From _____ to _____	
	Have you ever been employed by Bethphage? _____ Yes _____ No		Date: From _____ to _____	
	Position Desired: _____		Wage Desired: _____ Date you are available to begin work: _____	
	Will you work overtime if asked? _____ Yes _____ No		Can you travel if the job requires it? _____ Yes _____ No	
	Circle type(s) of work requested: FULL-TIME PART-TIME ON-CALL Please describe any work schedule limitations: _____			
	Can you perform the duties of the job you are applying for with or without a reasonable accommodation? _____ Yes _____ No If no, please explain: (If you have any questions as to what essential job functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.) _____			
	REFERRAL	Can you, at the time of employment, submit verification of your legal right to work in the U.S.? _____ Yes _____ No		
Are you 18 years of age or older? _____ Yes _____ No				
Do you have a valid drivers license? _____ Yes _____ No (Your motor vehicle record will be verified upon employment.)				
Have you ever been convicted of a criminal offense excluding summary offenses such as minor traffic violations? (Do not include offenses which have been annulled or sealed by a court, such as any offense committed before your eighteenth birthday.) _____ Yes _____ No If yes, give the following details: Date: _____ Location: _____ Offense: _____				
Have you ever been convicted of abuse, neglect, or exploitation of children or vulnerable adults? _____ Yes _____ No				
Have you ever been convicted of Federal Welfare Benefit program fraud or abuse? _____ Yes _____ No				
NOTE: A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job for which application is made.				
Are any of your relatives presently employed with the company or its divisions? _____ Yes _____ No If yes, name of relative: _____				
How were you referred? _____ Newspaper – Name/Date: _____ Employee - Name: _____ Employment Agency/Job Service - Name/Date: _____ Friend/Relative - Name: _____ Job Fair - Name/Date: _____ Radio Ad _____ Walk-In _____ Mosaic Website _____ Career Website – Name: _____ Other (Please list)				

EDUCATION	SCHOOL	NAME AND LOCATION	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business, Trade or Technical School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Post Graduate Studies				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Summarize any special skills and qualifications you possess. Describe specialized training, apprenticeships, and related extracurricular activities. Include any professional certificates or licenses you currently hold or have held in the past.					

REFERENCES	LIST THREE PROFESSIONAL OR PERSONAL REFERENCES	
	(other than your supervisor)	
	Name and Title: _____	
	Is this a <input type="checkbox"/> Professional reference (if so) Place of business: _____	
	<input type="checkbox"/> Personal reference	
	Address: _____	
	City/State/Zip: _____	
	Business Phone: (_____) _____ Home Phone: (_____) _____	
	Email Address: _____	
	Name and Title: _____	
	Is this a <input type="checkbox"/> Professional reference (if so) Place of business: _____	
	<input type="checkbox"/> Personal reference	
Address: _____		
City/State/Zip: _____		
Business Phone: (_____) _____ Home Phone: (_____) _____		
Email Address: _____		
Name and Title: _____		
Is this a <input type="checkbox"/> Professional reference (if so) Place of business: _____		
<input type="checkbox"/> Personal reference		
Address: _____		
City/State/Zip: _____		
Business Phone: (_____) _____ Home Phone: (_____) _____		
Email Address: _____		

Mosaic assists individuals with intellectual disabilities by helping them reach their goals.

Mosaic is an affiliated social ministry organization of the Evangelical Lutheran Church in America, a recognized service organization of the Lutheran Church—Missouri Synod, and a member of Lutheran Services in America.

Employees are expected to conduct activities which maintain values consistent with this affiliation.

PLEASE READ CAREFULLY

Persons whom we employ are asked to abide by the rules, regulations, and performance standards of the Agency and to sign various consents and releases.

Certification of Accuracy

By signing below, I certify that the answers and information provided in the Employment Application are true, accurate, and complete. I acknowledge that if any answer or information is not true, accurate, or complete, I may not be hired, or if hired, I may be discharged.

Authorization to Investigate

I authorize the company to investigate all statements contained in the Employment Application and to investigate my character and qualifications. I authorize prior employers, references, schools, law enforcement agencies, and others with information regarding my work or educational history, or my character, to provide the Company with all requested information and references. I release all such parties from any and all damage or liability that may result from furnishing such information. I acknowledge that employment is contingent upon the results of any background check.

Potential Health Exam and Drug Screening

I understand that my employment may be conditioned upon a favorable health evaluation and drug screening, which may include a medical examination by a medical professional selected by the Company, to which I hereby consent.

Acknowledgment That This Application is Not a Contract.

I understand that this Employment Application is not a contract of employment. I acknowledge that no oral representations have been made, and that no one within the Company has the authority to make oral contracts of employment. If hired, my employment relationship with the Company may be terminated at will, with or without cause, by either myself or the Company.

Understanding of Job Requirements

I understand all requirements and qualifications necessary to perform the essential functions of the job I am applying for, and am able to fulfill the demands of the position, with or without reasonable accommodations. I understand that I may be asked to work evenings, over-nights, weekends, holidays or in other facilities in other locations.

I understand and agree to all of the above conditions and statements set forth above and throughout the Application.

SIGNATURE: _____ DATE: _____

ACKNOWLEDGEMENTS

NOTES