

*Please Print.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_



Lyngblomsten is a Christian nonprofit organization serving as a resource to older adults and their families by providing home- and community-based services, senior housing, and skilled nursing care.

● ● ● **Our Mission** ● ● ●

Influenced by Christ, Lyngblomsten provides a ministry of compassionate care and innovative services to older adults in order to preserve and enhance their quality of life.

● ● ● **Our Promise** ● ● ●

Lyngblomsten strives to provide unmatched person-centered experiences, valuing: who you are, where you are, and your rights to make choices and decisions.

● ● ● **Our Principles** ● ● ●

For our *participants*, Lyngblomsten promotes dignity through informed choices for living options, respecting individuality, and orchestrating the best life possible.

For our participants' *families*, Lyngblomsten supports their needs through careful listening, traveling alongside them as they walk the journey with their loved ones.

For our *employees*, Lyngblomsten strives to foster an environment that encourages compassionate caregiving, innovative thinking, problem-solving, and opportunity seeking.

Through our *community* of donors, volunteers, and corporate congregations, Lyngblomsten encourages the individual to live one's personal ministry by enhancing the lives of older adults.

*Learn more about Lyngblomsten at [www.lyngblomsten.org](http://www.lyngblomsten.org).*

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.



## Thank you for exploring Lyngblomsten for employment.

To be considered for a position, you must fully complete this application, including your signature.

### Contact Information

Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cellular/Other Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If necessary, best time to call you is: \_\_\_\_\_ AM/PM at  Home  Cellular/Other

May we contact you at work?  Yes  No If **yes**, work number and best time to call: (\_\_\_\_\_) \_\_\_\_\_ AM/PM

### General Information

Job Referral Source (Please check the appropriate category and list the source.):

Walk-in  Employee \_\_\_\_\_  Website \_\_\_\_\_  Other \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

If **no**, please explain: \_\_\_\_\_

Have you submitted an employment application to Lyngblomsten in the past?  Yes  No

If **yes**, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before?  Yes  No If **yes**, give date(s): From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

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

Date available to begin 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 desired:  Days (1<sup>st</sup> shift)  Evenings (2<sup>nd</sup> shift)  Nights (3<sup>rd</sup> Shift)  Weekends  Overtime

If it has been explained to you, are you able to meet the attendance requirements of the position?  N/A  Yes  No

Driver's license number required if driving may be required in the job for which you are applying:'

DL # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?  Yes  No

Answering "yes" to the following question does not constitute an automatic barrier 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.

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

If **yes**, please provide date(s) and details: \_\_\_\_\_

Have you ever entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?  Yes  No If **yes**, please explain: \_\_\_\_\_

## ● Employment History

Starting with your most recent employer, provide the following information:



① Employer \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates employed (Month/Year): \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Compensation (**starting**):  Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Compensation (**final**):  Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Starting job title/final job title: \_\_\_\_\_ / \_\_\_\_\_  
Immediate supervisor and title (for most recent position held): \_\_\_\_\_  
Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What did you like least about your position? \_\_\_\_\_



② Employer \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates employed (Month/Year): \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Compensation (**starting**):  Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Compensation (**final**):  Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Starting job title/final job title: \_\_\_\_\_ / \_\_\_\_\_  
Immediate supervisor and title (for most recent position held): \_\_\_\_\_  
Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What did you like least about your position? \_\_\_\_\_



③ Employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates employed (Month/Year): \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Compensation (**starting**):  Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Compensation (**final**):  Hourly  Salary \$ \_\_\_\_\_ per \_\_\_\_\_  
Starting job title/final job title: \_\_\_\_\_ / \_\_\_\_\_  
Immediate supervisor and title (for most recent position held): \_\_\_\_\_  
Summarize the type of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
What did you like most about your position? \_\_\_\_\_  
What did you like least about your position? \_\_\_\_\_

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

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

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 TCU, ICU, ALZ, special equipment, typing speed, computer software programs).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If **yes**, please describe: \_\_\_\_\_

\_\_\_\_\_

● Education, Training, and Certification

Name of School City/State	Program of Study	# of years Completed	Major/Degree

**License/Certification** – Complete this section if a license/certification is required to perform the job for which you are applying.

Type of License/ Certification	State	License/Certification #	Expiration Date	Place of Issue

● References

List three persons (other than relatives or close friends) that we may contact.

Name & Address	Telephone with area code	How do you know this person?	# of years known
	( )		
	( )		
	( )		

● Other

Is there any additional job-related information you want us to know about you?

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**Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:**

1. Purpose and intended use of the information: Minnesota Statutes, section 144.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes, board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of a supplemental nursing services agency, and all other employees in nursing homes. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.
2. Where you may refuse or are legally required to provide the information: Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.
3. Known consequences that may arise from supplying the information: Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with (and, where applicable, access to) persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.
4. Known consequences that will arise from refusing to supply the requested information: Only items identified as “optional” may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact with (and, where applicable, access to) persons receiving services.
5. Identification of other agencies or entities authorized to receive this information: The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards.

If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

Minnesota Department of Human Services 444 Lafayette Road North St. Paul, MN 55155-3842 Telephone: (651) 296-3971 Fax: (651) 297-1490 TTY: (651) 282-6832
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*By signing the application form, you indicate that you understand that any decision to hire you is contingent upon the results of an investigatory report. And you further understand that misrepresentation or omission of information will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.*

## ● Applicant Statement

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

I expressly authorize, without reservation, Lyngblomsten, its representatives, employees or agents to contact and obtain information from all current and previous employers, references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, 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 employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 1 year. At the conclusion of that time, if I have not heard from the employer 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 the employer 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 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.

**Lyngblomsten is an equal opportunity employer and 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.**

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 (a) eliminate me from further consideration for employment, or (b) may result in my immediate discharge from the employer'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** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Printed Name of Applicant** \_\_\_\_\_



Thank you for considering Lyngblomsten for employment. Once you have submitted this application, it will be reviewed by our HR department. If a potential match is found, you will be contacted to set up an interview.

## OUR MISSION

*Influenced by Christ, Lyngblomsten provides a ministry of compassionate care and innovative services to older adults in order to preserve and enhance their quality of life.*

### LYNGBLOMSTEN TODAY

Lyngblomsten is a Christian nonprofit organization serving as a resource to older adults and their families by providing home- and community-based services, senior housing, and skilled nursing care. Lyngblomsten is a social ministry organization under the auspices of the Evangelical Lutheran Church in America and is partnered in ministry with three dozen Twin Cities area Christian congregations. Lyngblomsten's campus includes a 24-hour skilled nursing home (Lyngblomsten Care Center), a market-rate apartment building (The Heritage), a HUD-subsidized apartment building (The Lyngblomsten Apartments), Swedish-style service houses (within the Care Center), chapel, Alzheimer's programs, and Home Health Services. Lyngblomsten's community outreach includes the Care Team Ministry, Community Wellness & Education, Parish Nurse Ministry, and The Gathering caregiver respite program, as well as the 5-5-1 Club community center. Persons of all faiths and cultures are welcome.

### OUR HISTORY

Lyngblomsten was organized in 1906 by 11 Norwegian women who wished to provide a home for the elderly who had no one to take care of them. In 1912, after five years of fundraising, the dedicated women saw their dream become reality with completion of Lyngblomsten's first building at the corner of Pascal Street and Midway Parkway in St. Paul. Until 1961, Lyngblomsten was an independently operated facility managed by women under the sponsorship of "branches" of volunteers.

### OUR PARTNER CONGREGATIONS

In 1961, Lyngblomsten was reincorporated and gifted to congregations in the St. Paul Conference of the American Lutheran Church (now ELCA). Partnered congregations elected delegates to Lyngblomsten. Later, corporate membership was opened to all Twin Cities area Christian congregations interested in affirming the mutual ministry and commitment to provide for the needs of older adults.



*Enhancing the lives of older adults since 1906*

1415 Almond Avenue St. Paul, MN 55108

[www.lyngblomsten.org](http://www.lyngblomsten.org)

(651) 646-2941



### THE LYNGBLOMSTEN FOUNDATION

In 1985, the Lyngblomsten Foundation was created to raise funds to support Lyngblomsten. The Lyngblomsten Foundation also manages the funds for the Lyngblomsten Auxiliary, an organization dedicated to supporting Lyngblomsten's mission.

### OUR VOLUNTEERS

Lyngblomsten is blessed with more than 700 volunteers of all ages who donate their time to help in more than 100 different positions. Many of them come from our corporate congregations and range in age from a few months old to people in their 90's. Their assistance, talent, and enthusiasm help sustain the high quality and loving care found throughout Lyngblomsten.

### LYNGBLOMSTEN:

How DO YOU PRONOUNCE THIS WORD?

LYNG - blom - sten

Lyngblomsten is named after the lyng flower, a sturdy Norwegian mountain heather with purple blossoms, the national flower of Norway. "Blom" is Norwegian for flower/bloom, and "sten" is used to connect the two.

### OUR VALUES

For our participants, Lyngblomsten promotes dignity through informed choices for living options, respecting individuality, and orchestrating the best life possible.

For our participants' families, Lyngblomsten supports their needs through careful listening, traveling alongside them as they walk the journey with their loved ones.

For our employees, Lyngblomsten strives to foster an environment that encourages compassionate caregiving, innovative thinking, problem-solving, and opportunity seeking.

Through our community of donors, volunteers, and corporate congregations, Lyngblomsten encourages the individual to live one's personal ministry by enhancing the lives of older adults.

# ● Affirmative Action

## Voluntary Information

Lyngholmsten considers all applications for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. To comply with requirements regarding government recordkeeping, reporting, and other legal obligations that may apply, we invite you to complete this applicant data survey.

Providing this information is voluntary; not providing it will NOT subject you to any adverse personnel decision or action. Your cooperation is appreciated. This survey is NOT part of your official application for employment. The information will be used and kept confidential in accordance with applicable laws and regulations.

**Date:** \_\_\_\_\_ **Position(s) Applying For:** \_\_\_\_\_

**Name (Last, First, MI):** \_\_\_\_\_

**Sex:** \_\_\_ Female \_\_\_ Male

### What Racial/Ethnic Category Do You Consider Yourself?

\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_\_\_ ASIAN - All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam.

\_\_\_\_\_ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

\_\_\_\_\_ BLACK OR AFRICAN AMERICAN - A person having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ WHITE - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_\_ HISPANIC OR LATINO - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ TWO OR MORE RACES - All persons who identify with more than one of the above races, excluding Hispanic or Latino.

### Veteran Status Information:

*Please check all that apply to you:*

\_\_\_\_\_ **I am a veteran of the Vietnam era.** A person who: (a) served on active duty for a period of more than 180 days, and was discharged or released from there with other than a dishonorable discharge, if any part of such active duty occurred in: (i) the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all other cases; OR (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).

\_\_\_\_\_ **I am a recently separated veteran.** Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.

\_\_\_\_\_ **I am an other protected veteran.** A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

\_\_\_\_\_ **I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans, and other protected veterans.** (Note that you may make this request at this time and/or any time in the future.)

\_\_\_\_\_ **None of the above apply to me.**