

St. Paul Lutheran Church Employment Application

Date: _____

TO BE PRINTED IN INK
AN EQUAL OPPORTUNITY EMPLOYER

This application will be valid for 90 days.

TO THE APPLICANT:

The information requested in this form will give us a clear understanding of your qualifications, background, and work history and will aid us in placing you in a position for which you are thereby best suited.

The Civil Rights Act of 1964 as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. The Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination because of age. The Americans with Disability Act prohibits discrimination against those with disabilities. Various state laws prohibit some of the above as well as other types of discrimination. As an Equal Opportunity Employer, our church intends to comply fully with all applicable federal and state employment laws.

FULL NAME <i>(First, Middle, Last)</i>	SOCIAL SECURITY NO.
PRESENT ADDRESS <i>(Street, City, State, Zip Code)</i>	TELEPHONE <i>(Area Code plus #)</i>
PREVIOUS ADDRESS <i>(Street, City, State, Zip Code)</i>	FROM (Mo. Yr.) TO (Mo. Yr.)
NOTIFY IN EMERGENCY (Name, Address)	TELEPHONE <i>(Area Code plus #)</i>
Are you <u>UNDER</u> 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you <u>UNDER</u> 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What days and hours are you available? _____ _____	
Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain fully:	
Can you produce the documents necessary to verify that you are a citizen of the U.S.; or an alien authorized for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (i.e. U.S. Passport, Social Security Card, Drivers License with Photo, etc.) It is our policy to hire only authorized workers.	
POSITION DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	WAGE OR SALARY EXPECTED \$ _____ per
OTHER POSITION(S) FOR WHICH YOU ARE QUALIFIED	DATE AVAILABLE
WHAT INTERESTED YOU IN APPLYING FOR THIS POSITION?	
Are there any other experiences, skills, or qualifications in which you feel would especially fit you for work with this church?	
HAVE YOU EVER APPLIED FOR WORK AT THIS CHURCH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when	HAVE YOU EVER BEEN EMPLOYED BY THIS CHURCH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where
CIRCLE HIGHEST GRADE COMPLETED Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 Graduate School 1 2 3 4 Technical 1 2 3 4 Other:	
SCHOOL NAME / LOCATION:	COURSE / DEGREE
Grade School:	
High School:	
College:	
Graduate School	
Technical:	
Other:	
EXTRACURRICULAR ACTIVITIES / HOBBIES:	

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER

NAME OF COMPANY	TYPE OF BUSINESS
ADDRESS (Street, City, State, Zip Code)	
EMPLOYMENT DATES (Month and Year) From: _____ To: _____	Supervisor's name / title / phone no.
Position Title	Brief Description of Job
Starting Salary \$ _____ per year \$ _____ per month \$ _____ per hour	Present or Final Salary \$ _____ per year \$ _____ per month \$ _____ per hour
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

FIRST PREVIOUS EMPLOYER

NAME OF COMPANY	TYPE OF BUSINESS
ADDRESS (Street, City, State, Zip Code)	
EMPLOYMENT DATES (Month and Year) From: _____ To: _____	Supervisor's name / title / phone no.
Position Title	Brief Description of Job
Starting Salary \$ _____ per year \$ _____ per month \$ _____ per hour	Present or Final Salary \$ _____ per year \$ _____ per month \$ _____ per hour
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECOND PREVIOUS EMPLOYER

NAME OF COMPANY	TYPE OF BUSINESS
ADDRESS (Street, City, State, Zip Code)	
EMPLOYMENT DATES (Month and Year) From: _____ To: _____	Supervisor's name / title / phone no.
Position Title	Brief Description of Job
Starting Salary \$ _____ per year \$ _____ per month \$ _____ per hour	Present or Final Salary \$ _____ per year \$ _____ per month \$ _____ per hour
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL REFERENCES (Not Former Employers or Relatives)

NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER
			()
			()
			()
			()

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading facts or omission of information will be grounds for dismissal of employment or rejection of the application. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also understand that, if hired, my employment is to be "at will" and that either I or my employer may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and the President of the congregation.

DATE: _____ SIGNATURE: _____