

APPLICATION FOR EMPLOYMENT

Lord of Life Lutheran Church

Date of Application _____

Personal Data

Last Name	First Name	Middle Name or Initial
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Present Address (number and street)	City	State	Zip Code
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Phone Number	Cell Phone	E-mail Address
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Position Desired

Position/type of Work Desired	Date Available	Salary Desired
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Employment History

Name of Present or Last Employer

Address	City	State	Zip Code	Phone
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Employment dates (Mo. And Year)	Starting Salary	Final Salary
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Name & Title of Immediate Supervisor	Reason for Leaving
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Description of Duties:

Previous Employer

Address	City	State	Zip Code	Phone
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Employment dates (Mo. And Year)	Starting Salary	Final Salary
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Name & Title of Immediate Supervisor	Reason for Leaving
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Description of Duties:

Previous Employer

Address	City	State	Zip Code	Phone
Employment dates (Mo. And Year)	Starting Salary	Final Salary		
Name & Title of Immediate Supervisor	Reason for Leaving			

Description of Duties:

Education

	High School or GED	Undergraduate College/University	Graduate/ Professional	Business/ Technical School
School Name & Location	<hr/>			
Year Completed	<hr/>			
Diploma/Degree/Credits	<hr/>			
Course of Study	<hr/>			
Describe any specialized Training, skills, etc.	<hr/>			

Explain briefly why you are interested in working for Lord of Life Lutheran Church:

Please list any additional certifications or special training you may have received that will benefit your work:

References

Please indicate whether schooling or employment was under another name:

Applicants without recent employed experience list persons other than relatives who know of your qualifications and/or background experience.

Name	Profession	Phone Number	Business or Home Address
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I hereby authorize you to check all my educational references and the personal and employment references as indicated below; I further authorize these references to release to you all information that they have about me (check all that apply):

Present Employer _____ Present employer after accepting position _____

Previous Employers _____ Additional references listed _____

Do you know of any reason why you would not be able to perform the essential functions of the job position for which you are applying with or without reasonable accommodation?

Yes ___ No ___ If yes, please describe.

Have you ever been convicted of a crime (other than traffic violations)? Yes ___ No ___

If yes, please state offense, date and location.

Have you ever been convicted of child abuse? Yes ___ No ___

Have you ever been convicted of sexual abuse? Yes ___ No ___

Are you on a sex offender registry? Yes ___ No ___

I understand that this employment application is not a contract of employment. I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references and satisfactory completion of a probationary period.

Signature _____

Date _____