



## St. John Lutheran Church EMPLOYMENT APPLICATION

### APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Today's Date
Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Position Apply For:	Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Contract		
How did you learn about this employment opportunity? <input type="checkbox"/> St. John website <input type="checkbox"/> Newspaper ad <input type="checkbox"/> other website: _____ <input type="checkbox"/> Referral by _____			
When Are You Available to Begin Work?		Will You Work Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If required for position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state of issuance, license #, and expiration date:			
If hired, can you provide evidence that you are authorized <b>and</b> of legal age to work in the United States? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

**EDUCATION**

<i>TYPE</i>	<i>SCHOOL NAME/LOCATION</i>	<i>COURSE OF STUDY</i>	<i>NO. YEARS ATTENDED</i>	<i>DEGREE/DIPLOMA</i>
HIGH SCHOOL				
BUSINESS/ TECHNICAL				
COLLEGE				
GRADUATE				
OTHER CREDENTIALS & LICENSES relevant to job				
Professional Organizations you belong to relevant to job:				
Technical Skills, clerical skills, trade skills, etc. relevant to position:				
CPR Training? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed		
First-Aid Training? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed		

**EMPLOYERS**

*(List all jobs and contracts held by you during the past five continuous years)*

**CURRENT EMPLOYER**

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

**PREVIOUS EMPLOYER**

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

**PREVIOUS EMPLOYER**

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

## MILITARY STATUS

Have You Served in the U.S. Armed Services? Branch	Start Date	End Date
Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rank/Rate at Discharge	Type of Service	Type of Discharge
Special Training/Experience Received in the U.S. Armed Services	Draft Status	Reserve Status

## CRIMINAL HISTORY

Have you ever been <u>convicted</u> of a criminal offense? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

## PERSONAL REFERENCES:

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

## APPLICANT STATEMENT

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

Print Name	
Signature	Date

## AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS VERIFICATION AND FINGERPRINT INFORMATION

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to obtain and/or request information about my criminal history and fingerprints from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last)	(First)	(Middle)		
Address		City	State	ZIP Code
Other names used by applicant (if any):				
Date of Birth	Place of Birth	Social Security Number		
Driver's License No.	Issuing State	License expiration date		

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