



Prince of Peace Lutheran Church

APPLICATION FOR EMPLOYMENT

Please complete all information requested, print and return to Prince of Peace Lutheran Church

Name: Last _____ First _____ Middle _____

Street Address: _____ City _____ State _____ Zip _____

Previous Address (if at current address less than 2 years)

Street Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Cell # _____ Preferred Contact # _____

Email Address: _____

Position Desired

Position applying for: _____

Minimum rate of pay: _____ Date available: _____

Type of work desired: ☐ Full Time ☐ Part Time ☐ Either

Personal Information

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? ☐ Yes ☐ No

Are you at least 18 years of age or older? If "no" a work permit may be required. ☐ Yes ☐ No

For reference purposes, have you worked or attended school under a former name? ☐ Yes ☐ No
If yes, please list former name(s): _____

Are any relatives or members of your household currently employed at Prince of Peace? ☐ Yes ☐ No
If yes, give full name and position: _____

Are you able to perform the essential functions of the position applied for? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense and/or arrested for a crime for which a trial is now pending? If yes, please explain: ☐ Yes ☐ No
(Note: a conviction is not an automatic bar to employment. The nature of offense, surrounding circumstances and relevance of the offense to the positions applied will be considered.)

Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? If yes, please explain: ☐ Yes ☐ No

Do you currently attend a church and/or are you a member of a church? ☐ Yes ☐ No
Name of church: _____

Education and Training

High School: _____ Location: _____ Did you graduate? ☐ Yes ☐ No

College/University: _____ Location: _____
Did you graduate? ☐ Yes ☐ No

Business/Trade/Tech: _____ Location: _____
Did you graduate? ☐ Yes ☐ No

Are you attending school now? School: _____

Course of Study: _____

Special Skills

CPR: ☐ Yes ☐ No Completion Date: _____ First Aid: ☐ Yes ☐ No Completion Date: _____

Other Certificates or Licensed: _____

Keyboarding WPM: _____ Computer programs: _____

Special Equipment: _____

Foreign Languages: Speak _____ Read _____ Write _____
(Optional)

Do you have other experience, training, qualifications or skills that you feel make you especially suited for this positions?
Please explain:

Employment History

Starting with the most recent, list each job held & account for all periods of unemployment. You must complete this section even if attaching a resume.

Employer: _____ May we contact this employer: ☐ Yes ☐ No

Address: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Date Started: _____ Date Left: _____ Starting Salary: _____ Ending Salary: _____

Title or Position: _____

Duties and Responsibilities: _____

Reason for Leaving: _____

Account for periods of unemployment between jobs: _____

Employer: _____ May we contact this employer: ☐ Yes ☐ No

Address: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Date Started: _____ Date Left: _____ Starting Salary: _____ Ending Salary: _____

Title or Position: _____

Duties and
Responsibilities: _____

Reason for Leaving: _____

**Account for periods of
unemployment between jobs:** _____

Employer: _____ May we contact this employer: ☐ Yes ☐ No

Address: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Date Started: _____ Date Left: _____ Starting Salary: _____ Ending Salary: _____

Title or Position: _____

Duties and
Responsibilities: _____

Reason for Leaving: _____

**Account for periods of
unemployment between jobs:** _____

Employer: _____ May we contact this employer: ☐ Yes ☐ No

Address: _____ Phone: _____

Supervisor's Name: _____ Phone: _____

Date Started: _____ Date Left: _____ Starting Salary: _____ Ending Salary: _____

Title or Position: _____

Duties and
Responsibilities: _____

Reason for Leaving: _____

**Account for periods of
unemployment between jobs:** _____

Certification

IMPORTANT: PLEASE READ CAREFULLY AND SIGN:

I hereby certify that the information provided on this application and all other information otherwise provided are true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment, if I am employed, whenever the information may be discovered.

If employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract of employment. Accordingly, either I or the church can terminate the relationship at will, with or without cause, at any time. In the event that my application is accepted and I become employed by Prince of Peace Lutheran Church, I agree to abide by the policies of Prince of Peace Lutheran Church and to refrain from inappropriate conduct in the performance of my duties on behalf of Prince of Peace Lutheran Church.

I hereby authorize Prince of Peace Lutheran Church to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I, further authorize the reference I have listed to disclose to Prince of Peace Lutheran Church any and all letters, reports and other information to my work records, without giving me prior notice of such disclosure. I authorize Prince of Peace Lutheran Church to conduct a criminal records background check. Furthermore, I waive any rights to confidentiality and I release Prince of Peace Lutheran Church, my former employers and all other persons, corporations, partnerships and churches from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I acknowledge that I have read and fully understand this application and certifications, and I see employment under these conditions.

Applicant's signature: _____ Date: _____