

# APPLICATION FOR EMPLOYMENT

## ZION LUTHERAN CHURCH & SCHOOL – LCMS

Because we are a church body, the Lutheran Church – Missouri Synod retains the right to give preference in hiring to persons who are members in good standing of an LCMS congregation.

**PERSONAL DATA:**

Name \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street Address City State Zip Code

Previous Address \_\_\_\_\_  
Street Address City State Zip Code

Religious Affiliation \_\_\_\_\_ Name & City of Congregation \_\_\_\_\_

Are you 18 years or older?  Yes  No

**WORK PREFERENCE**

Position Applying For \_\_\_\_\_ Referred by \_\_\_\_\_

Interested in  Full-time  Part-time  Summer Salary Required \_\_\_\_\_

Date available for work \_\_\_\_\_

**LCMS INFORMATION**

Have you been employed by an LCMS organization previously?  Yes  No If yes, dates \_\_\_\_\_

Location \_\_\_\_\_

Have you previously applied to a LCMS organization?  Yes  No If yes, give date \_\_\_\_\_

**OTHER**

Are you a citizen of the United States or do you have a valid authorization to work in the United States?  Yes  No

Have you ever been convicted, pleaded guilty, or pleaded “no contest” to any crime, other than traffic violations, in the past?

Yes  No If yes, please explain \_\_\_\_\_

Have you ever been discharged or asked to resign by a previous employer?  Yes  No If yes, please explain \_\_\_\_\_

**PERSONAL REFERENCES**

Name & Address Telephone Business/Profession Length of Acquaintance

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**TEACHING LICENSE** (If applying for a teaching position)

State \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Student Level \_\_\_\_\_ Subject or Function \_\_\_\_\_

Student Level \_\_\_\_\_ Subject or Function \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your complete employment record including temporary, regular, and part-time in date order with **most recent first**. List military service, if applicable, as part of employment record.

**Most Recent Employer** – Are you currently working for this employer? \_\_\_ Yes \_\_\_ No If yes, may we contact them? \_\_\_ Yes \_\_\_ No

Company Name \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

Starting Position Title \_\_\_\_\_ Ending Position Title \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Title \_\_\_\_\_

Employed From \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Job Description \_\_\_\_\_

If you were employed under a different name, give that name in full \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

Starting Position Title \_\_\_\_\_ Ending Position Title \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Title \_\_\_\_\_

Employed From \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Job Description \_\_\_\_\_

If you were employed under a different name, give that name in full \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone (\_\_\_\_)\_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

Starting Position Title \_\_\_\_\_ Ending Position Title \_\_\_\_\_

Supervisors Name \_\_\_\_\_ Title \_\_\_\_\_

Employed From \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Full-time \_\_\_ Part-time \_\_\_ Job Description \_\_\_\_\_

If you were employed under a different name, give that name in full \_\_\_\_\_

**EDUCATION**

School Name/Address	Years Attended	Graduation Date	Degree	Major
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Grad School: \_\_\_\_\_

## Authorization and Release

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that, as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, criminal record, education, credentials, credit, and references. I voluntarily and knowingly authorize the company, and/or its agents, to verify any aspect of the information contained in my employment application or through public or private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or subsequent dismissal if I am hired.

Medical and workers' compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer by a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school, or government agency, its officers, employees and agents to release to you or your agents any and all information concerning my former employment. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees, and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize you to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following information is required by law-enforcement agencies and other entities for positive identification process when checking public records. It is confidential and will not be used by any other purposes.

### PLEASE PRINT CLEARLY

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Other names used (include maiden name, aliases, and nicknames)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Type

\_\_\_\_\_  
State