EMPLOYMENT APPLICATION

(This type of application should be completed by all who seek any position that will involve the supervision and/or custody of children or youth. You should tailor the application to the specific circumstances in your congregation. However, the employment application should include sections for personal identification, job qualifications, experience and background for the past 5-10 years, references, a criminal history, and a waiver/consent to a periodic criminal records check or fingerprinting.)

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Social Security Number	Driver's License No./Issuing State		Date of Birth
Position Apply For	Type of Work Desired ☐ Full-Time	☐ Part-Time	☐ Temporary/Contract
When Are You Available to Begin Work?		Will You Work Overtime? ☐ Yes ☐ No	
If hired, can you provide evidence that you are authorized **and** of legal age to work in the United States? ☐ Yes ☐ No			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

EDUCATION

TYPE	*SCHOOL NAME/LOCATION*	*COURSE OF STUDY*	*NO. YEARS ATTENDED*	*DEGREE/DIPLOMA*
HIGH SCHOOL				
BUSINESS/TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

Professional Organizations:	
First-Aid Training? ☐ Yes ☐ No	Date Completed
CPR Training? ☐ Yes ☐ 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	

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? ☐ Yes ☐ No	Branch	Start Date	End Date
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 *convicted* of a criminal offense?
Check One: ☐ Yes ☐ No

Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants)
Check One: ☐ Yes ☐ No

Are you currently on probation or parole?
Check One: ☐ Yes ☐ 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

OUR SAVIOUR'S LUTHERAN CHURCH
300 LOGAN STREET
MERRILL WI 54452

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	