

APPLICATION FOR EMPLOYMENT

LIVING FAITH LUTHERAN CHURCH

Thank you for your interested in employment at LIVING FAITH LUTHERAN CHURCH

We are an Equal Opportunity Employer. LIVING FAITH LUTHERAN CHURCH does not discriminate in the employment of individuals on the basis of race, color, national or ethnic origin, disability, sex or age. 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 Date
Present Address _____
Street Address City State ZIP Code
Previous Address _____
Street Address City State ZIP Code
Cell Phone (____) _____ Email Address _____

Are you 18 years or older? Yes No

Religious Affiliation _____

Name, Address and Pastor of congregation _____

WORK PREFERENCE

Type of work or position applied for _____

Referred by _____

Date available for work _____ Salary Required _____

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

OTHER

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

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

Yes No

If yes, please explain _____

PERSONAL REFERENCES

Name and Address	Telephone	Business/Profession	Length of Acquaintance
1. _____			
2. _____			
3. _____			
4. _____			

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

School Name	Degree	Address/City/State
School		
School		
Other		

SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for..

EMPLOYMENT HISTORY *(List all jobs and contacts held by you during the past 5 years)*

CURRENT EMPLOYER

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

PREVIOUS EMPLOYER

Company Name _____ (_____) Telephone _____

Address _____ City/State/ZIP _____

Position Held	From	To	Starting/Ending Salary
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Reason for Leaving _____ Supervisor _____

PREVIOUS EMPLOYER

Company Name _____ (_____) Telephone _____

Address _____ City/State/ZIP _____

Position Held	From	To	Starting/Ending Salary
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Reason for Leaving _____ Supervisor _____

PREVIOUS EMPLOYER

Company Name _____ (_____) Telephone _____

Address _____ City/State/ZIP _____

Position Held	From	To	Starting/Ending Salary
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Reason for Leaving _____ Supervisor _____

PREVIOUS EMPLOYER

Company Name (_____) Telephone

Address City/State/ZIP

Position Held From To Starting/Ending Salary

Reason for Leaving Supervisor

I hereby certify that the statements made in this employment application are true and complete, to the best of my knowledge, and I authorize investigation of those statements. I understand that falsification, misrepresentation, or omission of facts will be sufficient cause for elimination of any consideration for employment or cause for dismissal from the Synod, if I have been employed.

I understand that all employees of the Synod are expected to respect the official doctrines of the Synod and to pursue lifestyles that are morally in harmony with its teachings.

I agree that I have read and understand the above acknowledgments and agreements and recognize all of the above as conditions of employment.

Signature Date