EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name (Last)	(First)	(Mi	iddle)	Date	
Address	(City	State	ZIP Code	
Telephone Alt	ernate Telephone	Best Contac	t Time	E-Mail Address	
Position Apply For	on Apply For Type of Work Desired				
	☐ Full-	Time \Box	Part-Time	☐ Temporary/Contract	
When Are You Available to Begin Work? Will You Work Overtime?					
☐ Yes ☐ No					
If hired, can you provide ex States?	vidence that you are aut	thorized <u>and</u> of lega	al age to work in th	e United	
□Yes □ No					
In Case of Emergency Noti	fy Telephon	e Nan	ne of Nearest Relat	ive Telephone	
EDUCATION					
TYPE	SCHOOL NAME/LOCATION	COURSE OF STUI	NO. YEA		١
HIGH SCHOOL					

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

Professional Organizations:				
First-Aid Training?	Γ	Date Completed		
Yes No	_	ate completed		
CPR Training?	Γ	ate Completed		
☐ Yes ☐ No				
	EMPLOYERS	;		
(List all job	os and contracts held by you during	the past five cont	inuous years)	
Company Name		Telephone		
A.1.1	Cit			710.6
Address	City	St	cate	ZIP Code
Position Held	From	То	Starting	g/Ending Salary
Reason for Leaving		S	upervisor	
PREVIOUS EMPLOYER				
Company Name		Telephone	е	
Address	City	St	ate	ZIP Code
Position Held	From	То	Starting	g/Ending Salary
Reason for Leaving		S	upervisor	
PREVIOUS EMPLOYER				
Company Name		Telephone	е	
Address	City	St	ate	ZIP Code
Position Held	From	То	Starting	g/Ending Salary
Reason for Leaving		Si	upervisor	

PREVIOUS EMPLOYER Company Name Telephone ZIP Code Address City State Position Held From То Starting/Ending Salary Reason for Leaving Supervisor PREVIOUS EMPLOYER Company Name Telephone ZIP Code Address City State 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 ☐ Yes ☐ 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 *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?

the offense and the county and state in which it occurred.

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

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 understand that this employment application is not valid without my signature.

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Print Name		
Signature		Date

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

We are committed to providing a work environment that is free from discrimination. The Minnesota South District, LCMS, prohibits discrimination in employment against any employee or job applicant because of that person's race, color, [religion-optional for religious organizations] sex, national origin, disability, age, or any other legally protected status. If you believe that you or someone else has been subject to discrimination prohibited by this Policy, you immediately should report this to the HR Manager or your supervisor. Anyone engaging in unlawful discrimination may be subject to discipline up to and including termination. As a religious institution, The MNS District is permitted and reserves the right to prefer employees or prospective employees on the basis of religion.