## St. Martin Lutheran Church and School

## Application for Employment An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A résumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information	n:					
Name:			-			
Last	First			Middle	Other Names	s I lead
Address:	FIISL	8		Middle	Other Names	s Oseu
Address.						
						283
Street		City		State	Zip	
Telephone:						
1						
Н	ome			Cell		
Email Address:			9			
	1					
Webpage Address(es	):					
Position Applying Fo	or:					
Job Title:						-
		1.12				0
Are you applying for: What shifts will you work? May We Contact Present Employer?				er?		
☐ F/T ☐ P/T ☐ Temp/Seasonal ☐ Days ☐ Nights		hts	☐ Yes ☐ No			
Available Start Date:						
Are you legally eligible	to work in the United	States?	Yes No			
(Federal Law requires				Il new employees.)		
Can you travel if the job	requires it? Yes No		Do you have a valid	l driver's license? Yes	No State	
Education/Training						
<u>School</u>	<u>Name</u>	<u>Lo</u>	ocation	Dates Attended	Diploma,	Graduated
				From / To:	Degree & Major	?
High School						
College						
Other (Dueines Mass	stional Military					
Other (Business, Voca	monai, wiintary)					

<b>Employment History</b> (Please Start With While Obtaining Higher Education—Use	n the Most Red Additional Pa	cent, Ending With Age 1 per as Necessary.):	18, Excluding Part-Time	Positions Held
Employer:				
Address:				
Street	City		State	Zip
Telephone:		Supervisor Name:		
Dates From:	То:		Final Rate of Pay:	
Position Held:				
Primary Duties:		u -		
Reason for Leaving:	3		i i	
Next Employer:				
Employer:				ii .
Address:				
Street	City		State	Zip
Telephone:		Supervisor Name:		
Dates From:	То:	<u>/</u>	Final Rate of Pay:	8
Position Held:				
Primary Duties:	ř.			
Reason for Leaving:		es .		
Next Employer:				
Employer:				
Address:				
Street	City		State	Zip
Telephone:		Supervisor Name:		
Dates From:	To:		Final Rate of Pay:	
Position Held:		F		
Primary Duties:				
Reason for Leaving:				

						1 466 5 615
Technology Skills (Lis	t All Skills & Software	Applications You	Have Exp	perience Using):		
Word Processing: Spreadsheet: Other Software: Database:				-		
Microsoft Office?	es No	PowerPoint?	Yes	No		
	es No	Copier?	Yes	No		
Digital Phone Systems?	Yes No					
Explain Internet Skills, I	ncluding Email Usage:					
Professional Licenses of	or Certificates Held:					
Personal Reference (F	Please list the names of	three (3) persons no	ot related	to you by blood or i	marriage.)	
Name:				ē.		#
Last Address:	First			ti.	Middle	
Street Telephone:	City			State		Zip
Home Connection To You (i.e.	friend co-worker)	Other		Occupation:		
Connection to You (i.e.	mena, co-worker).			Occupation.		
Personal Reference						
Name:						
Last Address:	First			Middle		
Street Telephone:	City	State				Zip
90 Medigitation						
Home	friend an unadent	Other		Occupation:		
Connection To You (i.e.	mena, co-worker).			Occupation.		
Personal Reference						
Name:						
Last	First			Middle		
Address:						
Street	City	State				Zip
Telephone:		392300000				
Home		Other		00		
Connection To You (i.e.	triend, co-worker):			Occupation:		

If yes, when & where: Please Explain:		No
Are you related by blood or marriage to any person now employed by Employer?	Yes	No
If yes, give name and relationship to you:		
CERTIFICATION		
I certify that all answers and statements on this application are true and complete understand that should an investigation disclose untruthful or misleading answers my name removed from consideration, or my employment may be terminated.		
I understand and agree that, if hired, my employment is for no definite period and our relationship at any time, and that this employment application does not const	d either Employer e titute an employm	or I may terminate ent contract.
Signature of Applicant:	Date:	

IT IS THE POLICY of St. Martin Lutheran Church and School to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

Yes

No

## **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

, an applicant for employment with St. Martin Lutheran Church
& School, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Martin Lutheran Church & School, whether the said records are of a public, private, or confidential nature.
The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.
I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by the St. Martin Lutheran Church & School. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.
I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.
Signature
DATED:
Printed Name, including all names I have previously used or been known by:
Phone:
Social Security Number: (To be used for State and Federal background checks)