### SALEM LUTHERAN CHURCH OF DEERWOOD



APPLICATION

## FOR

# EMPLOYMENT

Please return the completed application to the Salem Lutheran Church Office

Equal Opportunity Employer

Salem Lutheran Church of Deerwood does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, creed, disability, marital status, status with regard to public assistance, veteran status, sexual orientation, local human rights commission participation, or any other factors identified and protected by Federal, State, or local legislation. No question on the application is intended to be used for such discrimination.

(Please print in ink and answer every question)

### PERSONAL INFORMATION

Date of Application:

Name:

	Last	First	Middle	
Present Address:				
	Street	City	State	Zip
Permanent Address:				
	Street	City	State	Zip
Telephone:				
	Home	Business	Cell	
EMPLOYN	MENT DESIRED			
Type of worl	c or position desired:			
🗆 Fu	Ill-Time 🗆 Part-Time 🛛	Temporary	Date available for	work:

How were you referred to Salem Lutheran Church?

### EDUCATION

Type of School	Name and Location of the School	Major Course	Minor Course	Did You Graduate?	Degree	GPA
High School						
College or University						
Graduate or Law School						
Business or Vocational						
Other						
List courses/subjects studied that you feel would help you in the position for which you are applying.						

CLERICAL SKILLS (Complete this section only if applying for clerical position)

#### Indicate any skills you have acquired through training and/or experience.

- □ Typing Speed \_\_\_\_\_ wpm
- □ Word Processing (specify equipment used)
- □ Spreadsheet Applications
- □ Other (specify)

- $\Box$  Dictaphone Transcription
- □ 10 Key □ Shorthand
- □ Data Entry Terminal Operation

#### EMPLOYMENT HISTORY

Starting with present or most recent, list all previous employers. Include self-employment, military service, summer and parttime jobs. This may include volunteer experience which relates to the job for which you are applying. If necessary, use an additional sheet of paper. For positions you held more than five years ago, do not include dates of employment.

Dates Employed:	Position Title:		
From: To:			
Company Name and Address:	Job Duties:		
Full Name and Title of Supervisor:	Salary: Start: End:		
Reason for leaving. If discharged or asked to resign, please explain:			

Dates Employed:	Position Title:		
From: To:			
Company Name and Address:	Job Duties:		
Full Name and Title of Supervisor:	Salary: Start: End:		
Reason for leaving. If discharged or asked to resign, please explain:			

Dates Employed:	Position Title:		
From: To:			
Company Name and Address:	Job Duties:		
Full Name and Title of Supervisor:	Salary: Start: End:		
Reason for leaving. If discharged or asked to resign, please explain:			

#### GENERAL INFORMATION

SALARY REQUIR	EMENTS	
IF HIRED, CAN YOU UNITED STATES?	SUBMIT PROOF THAT YOU ARE	E LEGALLY AUTHORIZED TO WORK IN THE
YES	NO	
HAVE YOU EVER BE	EN DISCHARGED OR ASKED TO	) RESIGN FROM A POSITION?
YES	NO	
IF YES, PLEASE EXP	LAIN:	
	EN CONVICTED OF A CRIME? _ be an absolute bar to employment.	YESNO
MAY WE CONTACT	YOUR CURRENT EMPLOYER?	
YES	NO	
	IDUALS WE MAY CONTACT FO G TO DISCUSS YOUR WORK EX	R A REFERENCE. THESE INDIVIDUALS PERIENCE.
NAME	COMPANY	PHONE
NAME	COMPANY	PHONE
NAME	COMPANY	PHONE
APPLICANT'	S STATEMENT (Please	read carefully before signing.)

I certify that all statements I have made on this application are true and complete to the best of my knowledge; I have withheld nothing. I understand that an omission or misrepresentation of fact may result in refusal of employment or, if I have been hired, immediate dismissal.

This employment application and any other firm documents or manuals do not constitute contracts of employment. Employment by the firm is at-will. Any individual who is hired may voluntarily leave employment or may be terminated by the firm at any time for any reason with or without notice. No one has the authority to make any promise or agreement to the contrary, orally or in writing, except as a written agreement signed by the chief executive of the firm.

I authorize the investigation of all statements I have made in this application and grant permission to contact references listed above.

I hereby acknowledge that I have read the above statement and understand it. I agree to its terms.

Signature	of	Ap	olicant
Signature	~	P	one come