

Ascension Lutheran Church Employment Application

APPLICANT INFORMATION

| | | |
|---|----------------------|-----------------|
| Last Name: _____ | First Name: _____ | M.I. _____ |
| Street Address: _____ | | |
| City: _____ | State: _____ | ZIP Code: _____ |
| Home Phone: _____ | Cell Phone: _____ | |
| Best Contact Time: _____ | Email address: _____ | |
| Position Applied For: _____ | | |
| Type of Work Desired: Full-time _____ Part-time _____ Temporary _____ Date of Availability: _____ | | |
| Do you have any relatives working at or with this organization? _____ If so, who? _____ | | |
| Are you legally eligible to work in the United States? _____ <u>Proof of eligibility will be required upon offer of employment.</u> | | |

EDUCATION

| School Name/Location | Course of Study/Degree | Dates Attended |
|----------------------|------------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

WORK HISTORY

| | |
|---------------------------|------------------------------|
| Employer Name: _____ | Phone: _____ |
| Street Address: _____ | |
| City: _____ | State: _____ ZIP Code: _____ |
| Position Held: _____ | From: _____ To: _____ |
| Job Duties: _____ | |
| Reason for Leaving: _____ | Supervisor: _____ |

| | |
|---------------------------|------------------------------|
| Employer Name: _____ | Phone: _____ |
| Street Address: _____ | |
| City: _____ | State: _____ ZIP Code: _____ |
| Position Held: _____ | From: _____ To: _____ |
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Employer Name: _____ Phone: _____
 Street Address: _____
 City: _____ State: _____ ZIP Code: _____
 Position Held: _____ From: _____ To: _____
 Job Duties: _____
 Reason for Leaving: _____ Supervisor: _____

Employer Name: _____ Phone: _____
 Street Address: _____
 City: _____ State: _____ ZIP Code: _____
 Position Held: _____ From: _____ To: _____
 Job Duties: _____
 Reason for Leaving: _____ Supervisor: _____

Personal References

Please list at least two persons not related to you who can provide references:

| Name/Relationship | Address | Phone |
|-------------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Criminal History

Have you ever been convicted of a criminal offense? Yes _____ No _____

If you answered "Yes" to the above question, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred. (Note that prior convictions will not necessarily disqualify you from consideration.) _____

I certify that this 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 give my permission for any References or former Employers or Supervisors listed on this form to be contacted for purposes of verifying my credentials, experience, and qualifications. I understand that this employment application is not valid without my signature.

Applicant Signature Date