



St. Luke's Lutheran Church & School

Oakfield, WI

Employment Application

Applicant Information

Name (Last)	(First)	(Middle)	Date
Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Social Security Number	Date of Birth		
Position Apply For	Type of Work Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
When Are You Available to Begin Work?			
If hired, can you provide evidence that you are authorized and of legal age to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In Case of Emergency Notify Telephone		Name of Nearest Relative Telephone	

Education

<u>Type</u>	<u>School</u>	<u>Name/Location Course Of Study</u>	<u>No. Years</u>	<u>Attended Degree/Diploma</u>
High School				
Business/Technical				
College				
Graduate				
Other				

Professional Organizations:	
First-Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed
CPR Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed

Employers

Current Employer

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

Previous Employer

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

Previous Employer

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

Previous Employer

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

Military Status

Have You Served in the U.S. Armed Services? ___ Yes ___ No	Branch	Start Date	End Date
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 <i>convicted</i> of a criminal offense? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any criminal actions pending in which you are the Defendant? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred?

Personal References

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 have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

Print Name	
Signature	Date

Committee Responsible: Church Council
Adopted by the Church Council: 11/17/2011