

EMPLOYMENT APPLICATION

FIRST MIDDLE LAST		DATE
NAME		
ADDRESS	STREET or Box Number Position/Area of Interest	
City State Zip Code		PHONE () - HOME () - CELL
E-MAIL ADDRESS	PAY EXPECTED	

Have you had any previous involvement with Holy Trinity? yes no
If yes, please describe :

Have you any relatives or friends at Holy Trinity? yes no If so, please give names and relationships:

Are you legally entitled to work in the United States of America? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no. Have you been convicted of a misdemeanor involving violence or acts of a sexual nature? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, please describe:

WORK EXPERIENCE *Are you presently employed? yes no If so, may we contact your employer? yes no

1. Name & Address of Present/Last Employer* Dates Employed: From To
Supervisor's Name and Position Contact Telephone Number
Job Title & Description of Work Responsibilities
Reason for Leaving:
2. Name & Address of Previous Employer Dates Employed: From To
Supervisor's Name and Position Contact Telephone Number

Job Title & Description of Work Responsibilities Reason for Leaving: 3. Name & Address of Previous Employer Dates Employed: From To
Supervisor's Name and Position Contact Telephone Number
Job Title & Description of Work Responsibilities
Reason for Leaving:

Other Work Experience
 List previous Christian ministry and/or volunteer work experience:

Office skills, talents, interests, and abilities:

EDUCATION	High School	College	Graduate
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Name of institution			

Other education or training:

Briefly describe your Christian background/ worship experience/faith journey:

REFERENCES
Church Membership:

Pastor/Christian Mentor: <small>(someone familiar with your Christian walk)</small>		Phone ()
Give 2 additional professional references (not family) you have known for more than 3 years.		
Name	Relationship	Phone ()
Address <small>Street City State Zip</small>		
Name	Relationship	Phone ()
Address <small>Street City State Zip</small>		

ACKNOWLEDGEMENT

I have read the completed application carefully and certify that all information contained in this application and any attachments to it are true and complete to the best of my knowledge. I further authorize Holy Trinity Lutheran Church to make such investigations and inquiries of my prior employment, my qualifications and abilities, my statements in this application and any attachments to it, my criminal history/records, and any other related matters in arriving at an employment decision. I hereby authorize my previous employers, educational institutions, and religious denominations, churches, and other organizations to provide all information that they may have concerning my past employment, education, service, membership, or affiliation. In addition, I hereby release Holy Trinity Lutheran Church and its officers, directors, and employees from any and all potential liability arising from such investigation and inquiries of the above information and/or the completion of any criminal record check requirements.

I understand that any omission of fact or false or misleading information given in this application for employment, any attachments to it, or in my interview(s) may result in the denial of my employment, the withdrawal of my conditional offer of employment, if made, or disciplinary action, up to and including immediate termination of employment, as applicable.

Applicant Signature Date

BACKGROUND CHECK AUTHORIZATION/DATA

This document is to inform you that due to the nature of work you will be doing, and as a part of processing your application, criminal record background checks may be obtained.

I, _____, hereby consent to and authorize Holy Trinity Lutheran Church to obtain one or more investigative reports on me in connection with my application. Such reports may include, but are not limited to, information regarding my criminal record, driving record, employment history and performance, or other investigative reports. I understand that the agencies from which this report or reports may be sought may include, without limitation, criminal records search agencies and the like. I also understand that this authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested in connection with my continued service.

I acknowledge that I have read the information contained on this form carefully and certify that all of the information completed below is true and complete to the best of my knowledge. I also hereby release Holy Trinity Lutheran and its officers, directors, trustees, employees and other agents, and all other persons, companies, schools, consumer information agencies, record search firms and other entities, of and from any and all potential liability arising from inquiries by its agents regarding the above background checks and/or the compilation or use of such reports regarding me.

Please complete the following for proper identification purposes:

FIRST MIDDLE LAST NAME	<u>PREVIOUS LEGAL NAME(S)</u> YEAR(S) CHANGED	
SOCIAL SECURITY NUMBER DRIVERS LICENSE # STATE		
RESIDENCE		
COUNTY CITY STATE ZIP CODE		
Have you lived at your current address for longer than 90 days? <input type="checkbox"/> yes <input type="checkbox"/> no (if yes, how long?) ____		
Please list all other cities, counties and states in which you have lived within the past 10 years. If you need additional space, please attach a separate sheet.		
City	County State	Years
City	County State	Years
City	County State	Years

Please list any other names or Social Security Numbers that you have used and the date(s) changed:

Please list any convictions, guilty pleas or pleas of nolo contendere/no contest for all felonies and/or for any misdemeanors related to theft, fraud, violent acts or acts of sexual misconduct. Provide date(s), court of jurisdiction, county/parish and state:

Note: Information regarding your date of birth will need to be obtained for purposes of your background check. You may list it here or place it in a sealed envelope attached to this form. _____

Signature of Applicant Date