



## EMPLOYMENT APPLICATION

Concordia Lutheran Church & Christian Day School is an equal opportunity employer. All applications are considered for all positions without discriminating against race, religion, age, disability, sexual orientation, citizenship status or any other legally protected status.

*Please Print*

Position(s) Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Full-Time                     
  Part-Time (Morning/ Afternoon)                     
  Substitute

Date Available for Work: \_\_\_\_\_ Desired Hourly Rate/Salary: \_\_\_\_\_

How Did You Learn About Us?

Online                     
  Inquiry                     
  Relative/Friend                     
  Other \_\_\_\_\_

First Name	Middle Name	Last Name	
Address	City	State	Zip Code
Telephone Number	Email Address		Social Security Number

Best time to contact you is? \_\_\_\_: \_\_\_\_ AM / PM

Are you prevented from lawfully becoming employed because of Visa or Immigration Status?    No    Yes

Have you ever filed an application with us before?    No    Yes                      If Yes, give date: \_\_\_\_\_

Have you ever been employed with us before?    No    Yes                      If Yes, give date: \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?    No    Yes                      If Yes, who: \_\_\_\_\_

Are you currently employed?                      No    Yes

May we contact your current employer?    No    Yes

Are you currently on "lay-off" status and subject to recall?                      No    Yes

Have you ever been convicted of a felony?    No    Yes    If Yes, explain

\_\_\_\_\_

# EDUCATION

## High School

Name & Address	Course Studied	Years Completed	Diploma/Degree
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## Undergraduate College

Name & Address	Course Studied	Years Completed	Diploma/Degree
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## Graduate College

Name & Address	Course Studied	Years Completed	Diploma/Degree
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## Other

Name & Address	Course Studied	Years Completed	Diploma/Degree
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**Describe any specialized training, apprenticeship, skills, and extra-curricular activities related to position:**

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**List any work / volunteer experiences with children:**

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**List any technology skills / software/ programs you have experience with:**

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# EMPLOYMENT EXPERIENCE

Please list your work experience, beginning with the most recent job held. If you need additional space, please continue on a separate sheet.

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Employers Name	Address	Telephone Number
Job Title	Date Employed From	Date Employed To
Hourly Rate/Salary Start	Hourly Rate/ Salary Final	Supervisor
Reason for Leaving	List Duties Performed	

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Reason for Leaving	List Duties Performed	

## REFERENCES

Please list three references other than relatives.

Name	Telephone Number	Relationship	How Many Years
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Name	Telephone Number	Relationship	How Many Years
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Name	Telephone Number	Relationship	How Many Years
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## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employers.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR OFFICAL USE ONLY

Interview Scheduled: \_\_\_\_\_  
Date Time

Interviewed By: \_\_\_\_\_  
Name Title

Interview Remarks: \_\_\_\_\_  
\_\_\_\_\_

Employed: Yes No Date Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/ Salary: \_\_\_\_\_

Revised: May 2016

# Concordia Lutheran Church and Christian Day School Background Check Authorization

Print Name: \_\_\_\_\_  
First Middle Last

Former Name's Used: \_\_\_\_\_  
First Middle Last

Current Address Since: \_\_\_\_\_  
Mo/Yr Street City State Zip

Previous Address From: \_\_\_\_\_  
Mo/Yr Street City State Zip

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
Number State

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Concordia Lutheran Church and Christian Day School** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records; and any other public records.

I further authorized any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Concordia Lutheran Church and Christian Day School** or its agents. I further authorize the complete release of my records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Concordia Lutheran Church and Christian Day School**, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

C O N F I D E N T I A L

