



**Bethlehem**  
LUTHERAN CHURCH  
Traverse City, Michigan

# Application for Employment

Date of Interview (MM/DD/YYYY):
Position Applied for:
How were you referred to us:

Programs, services and employment are available equally to everyone. Please inform the Bethlehem Personnel Committee if you require reasonable accommodation for the application or interview.

**Applicant Data:**

Full Name:				
Address:		City:	State:	Zip
Mobile Phone:	Home Phone:	Other Phone:	Email:	
Date Available to Start:		SSN:	Salary / Wage Requirements:	
If you are under 18 years of age, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:				
Have you ever worked for Bethlehem Lutheran Church? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, when?	
Are you legally allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal				
Have you ever plead guilty, no contest or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates and details:				
<i>Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.</i>				
Driver's license number (if applicable to position):			State:	

**Education History:**

Name & Location of High School:		Did you graduate?
Name & Location of College:		Years attended:
Degrees completed:	Other Subjects Studied:	
Trade, Business or Correspondence School:		Years attended:
Subjects Studied:		Did you graduate?

**Special Skills & Qualifications:**

Please summarize your special skills, certifications or qualifications:

**Previous Employment (Please begin with most recent position):**

Dates of Employment: From ___/___/___ To ___/___/___		Position/s held:	
Organization Name:		Address:	
City:	State:	Zip:	
Phone:	Supervisor	Title:	
Responsibilities:			
Starting Salary and Title:		Ending Salary and Title:	
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dates of Employment: From ___/___/___ To ___/___/___		Position/s held:	
Organization Name:		Address:	
City:	State:	Zip:	
Phone:	Supervisor	Title:	
Responsibilities:			
Starting Salary and Title:		Ending Salary and Title:	
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dates of Employment: From ___/___/___ To ___/___/___		Position/s held:	
Organization Name:		Address:	
City:	State:	Zip:	
Phone:	Supervisor	Title:	
Responsibilities:			
Starting Salary and Title:		Ending Salary and Title:	
Reason for Leaving:			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Bethlehem Lutheran Church (BLC) from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of BLC has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant:	Date:
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