

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?<br>If no, please explain:  |             |              |                             |     |
| Have you ever worked for Bethlehem Lutheran Church?   |             |              | If yes, when?               |     |
| Are you legally allowed to work in the United States?   |             |              |                             |     |
| Type of employment desired:   |             |              |                             |     |
| Have you ever plead guilty, no contest or been convicted of a crime?<br>If yes, please gives dates and details:   |             |              |                             |     |
| 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. |             |              |                             |     |
| Driver's license number (if applicable to position):  |             | State:       |                             |     |

## Education History:

| Name & Location of High School:            |                          | Did you graduate? |
|--|--------------------------|-------------------|
| r wine es zoowren er ringin oonsen         |                          | Dia Jou grunner   |
|  |                          |                   |
| Name & Location of College:                |                          | Years attended:   |
| raine de Location of Conege.               |                          | reals accenticed. |
|  |                          |                   |
| Degrees completed:                         | Other Subjects Studied:  |                   |
| Degrees completed.                         | o ther oupjeets ordered. |                   |
|  |                          |                   |
| Trade, Business or Correspondence School:  |                          | Years attended:   |
| riude, Busiliess of Correspondence School. |                          | reals accentices. |
|  |                          |                   |
| Subjects Studied:                          |                          | Did you graduate? |
|  |                          | Dia jou gradate   |
|  |                          |                   |

## 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? |            |                          |        |

| 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? |            |                          |        |

| 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? |            |                          |        |

"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: |
|-------------------------|-------|
|                         |       |