

Application for Employment

St. John's Lutheran Church (LCMS) Effingham, IL.

In the Name of the Father, Son, and Holy Spirit.

All applicants are considered for all positions without regard to race, religion, color, sex, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our members, community, and staff. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Position(s) applied for		Date of application	
Office Assistant			
Print full name			
Street address		City	State ZIP
Main phone number	Alt. phone number	Email	

Employment Experience

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add an additional page if necessary.

Name of employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address		
Phone number	Dates employed (month/year)	
	From	To
Job title and duties	Reason for leaving	

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Have you ever been involuntarily terminated or asked to resign from any job? ☐ Yes ☐ No

If yes, please explain.

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Please explain any gaps in your employment history.

Please list any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

Education

Please describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				

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Business and Professional References

Please list two professional references of individuals who are *not* related to you.

Name and title	Relationship	Phone number or email

Personal References

Please list two people who know you well.

Name and title	Relationship and years acquainted	Phone number or email

General Information

1. Have you ever used another name? ☐ Yes ☐ No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? ☐ Yes ☐ No

If yes to either of the above, please explain:

3. Have you ever worked for St. John's Lutheran Church before? ☐ Yes ☐ No
If yes, please provide dates and position:
4. Do you have friends and/or relatives working for the church? ☐ Yes ☐ No
If yes, name(s) and relationship(s):

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5. On what date are you available to begin work? _____

6. Days/hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday		

7. Are you available to work? ☐ ~~Full time~~ ☐ Part time ☐ Temporary

8. If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No

9. Are you at least 18 years old? ☐ Yes ☐ No

Note: If under 18, hire is subject to verification that you are of minimum legal age.

10. If hired, can you present evidence of your identity and legal right to work in this country?
☐ Yes ☐ No

11. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

Applicant Statement and Agreement

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the employer to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the employer any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the employer, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

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_____ In the event of my employment with the employer, I understand that I am required to comply with all rules and regulations of the employer.

_____ If hired, I understand and agree that my employment with the employer is at will and that neither I nor the employer is required to continue the employment relationship for any specific term. I further understand that the employer or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that the safety of employees is extremely important to the employer and that the employer is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

My signature attests to the fact that I have read, understand, and agree to all of the above terms.

Signature: _____

Name (print): _____

Date: _____