

TRINITY LUTHERAN CHURCH

Employment Application

Date: _____

Position applied for: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Telephone: () _____ Best time to call you: _____

E-mail Address: _____

Social Security Number: _____

Are you legally eligible for employment in this country? ____ Yes ____ No

Have you ever been convicted of a crime, other than a minor traffic violation?

____ NO ____ YES (if yes, explain below. Attach a separate documentation for each offense.)

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?

____ NO ____ YES

Do you have a history of substantiated abuse or neglect of children or adults?

____ NO ____ YES (if yes, explain below. Attach a separate documentation for each offense.)

All applicants being considered for employment by Trinity are subject to drug testing analysis as part of their pre-employment requirements. Any final job offer will be made, contingent upon the applicant's ability to pass drug and alcohol screening conducted by a laboratory designated by Trinity Lutheran Church and School. Refusal by an applicant to submit to testing, or test results which report the presence of illegal drugs or narcotics is grounds for applicant rejection.

Note: If you are hired, you will be required to produce documents about your eligibility for employment in order to complete an I-9 Form.

Employment History Current or Last Employer

Please complete all of the following blanks about your employment history even if you do not think the questions relates to the position you seek.

Name: _____

Address: _____
 Street City State Zip

Telephone Number:() _____ May we contact: _____ Yes _____ No

Dates of employment: From _____ To _____

Position or Title: _____

Name/Title of Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Describe job duties and important accomplishments: _____

Reason for leaving: _____

Next Previous Employer

Name: _____

Address: _____
 Street City State Zip

Telephone Number:() _____ May we contact: _____ Yes _____ No

Dates of employment: From _____ To _____

Position or Title: _____

Name/Title of Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Describe job duties and important accomplishments: _____

Reason for leaving: _____

Next Previous Employer

Name: _____

Address: _____

Street

City

State

Zip

Telephone Number: () _____ May we contact: ____ Yes ____ No

Dates of employment: From _____ To _____

Position or Title: _____

Name/Title of Supervisor: _____

Starting Salary: _____ Ending Salary: _____

Describe job duties and important accomplishments: _____

Reason for leaving: _____

Educational Background

Name	City	Dates Attended	Degree
High School _____			
College _____			
Graduate _____			
Other _____			
If you are presently enrolled in school, what are you studying? _____			

List any special skills, training, or knowledge you have for this position and any other achievements you would like considered. _____

References

If possible, list three business references who are not related to you and who were not your previous supervisors. Otherwise, list three personal references who are not related to you.

Name	Address	City	State	Zip	Telephone	Years Known
1.	_____					
2.	_____					
3.	_____					

I understand that this application may be withdrawn or my employment may be terminated if I have made any misrepresentations on this form. I authorize the church to contact all references to seek job-related information about me, and I release the church and all other persons and companies from liability for furnishing or obtaining such information.

Signature

TRINITY LUTHERAN CHURCH AND SCHOOL
APPLICANT CONSENT

I, _____ understand and agree that the medical examination I am about to receive includes:

() blood test for substance abuse or chemical dependency.

() Urine test for substance abuse or chemical dependency.

I understand that if I decline to sign this consent form and thereby decline to take the test, my application for employment will be rejected.

All test results will be reported to Trinity. An exception will be made for use of legally prescribed medications taken under the directions of a physician.

I hereby () consent () refuse to consent
To the medical examination including test(s) for substance abuse.

Date: _____ Signed: _____

Witnessed: _____