APPLICATION FOR EMPLOYMENT

TRINITY EVANGELICAL LUTHERAN CHURCH

Because we are a church body, The Lutheran Church—Missouri Synod retains the right to give preference in hiring to persons who are members in good standing of an LCMS congregation.

PERSONAL	DATA			
Name				Home Telephone ()
	Last	First	Middle	
Present Address				
	Street Address	City	State	Zip Code
Previous Address				
	Street Address	City	State	Zip Code
Religious Affil	iation	- Name, address a	and pastor of congregation	
Are you 18 ye	ars or older? 🗌 Yes 🗌 No			
WORK PREI	FERENCE			
Type of work of	or position applied for			_Referred by
		Summer		
Date available	for work			
LCMS INFO	RMATION			
Have you been	n employed by LCMS previous	ly? 🗌 Yes 🗌 No	If yes, when	
Location				
Have you prev	riously applied to LCMS?	les 🗌 No If yes, g	ive date	
Do vou have r	elatives employed by LCMS?	□Yes □No Nan	ne	Location
OTHER				
Are you a citiz	en of the United States or do	you have a valid at	uthorization to work in the	United States? 🗌 Yes 🗌 No
	been convicted, pleaded guilt If yes, please explain			than traffic violations in the pasts?
Have you ever	been discharged or asked to	resign by a previou	ıs employer? 🗌 Yes 🗌 No	If yes, please explain
PERSONAL	REFERENCES			
Name and add	lress	Telephone H	Business/Profession	Length of acquaintance
1				
2				
3				

EMPLOYMENT HISTORY

List your con military serv	ve, if applicabl	e, as part (of empl	oyment rec	cord.					
MOST REC	ENT EMPLOY	ER – Are y	you curr	ently workir	g for this empl	oyer 🗌 Yes 🛛] No If yes, m	ay we contact? Yes No		
Company Name						Telephone ()				
Address	Street Addres	s		(City		State	Zip Code		
				Ending Position Title						
Supervisors N	lame			Title						
Employed From				Beginning Salary			Ending Salary	Full-time 🗌 Part-time 🗍		
Brief job desc	ription									
If you were er	nployed under a	a different n	ame, giv	e that name	in full					
Company Name				Telephone ()						
Address	Street Addres				City		State	Zip Code		
Starting Posit	ion Title					Ending Positi	on Title			
Supervisors N	lame					Title				
Employed Fro	om				Beginning Salary		Ending Salary	Full-time 🗌 Part-time 🗌		
Brief job desc	ription									
5										
II you were er		dittoront n	ame air	a that name	in full					
	iipioyea anaci z	a different n	ame, giv	e that name	in full					
	me		_					hone ()		
Company Nar Address	me		_							
Address	me Street Addres	s		(Sity		Telep State	hone ()		
Address Starting Posit	me Street Addres ion Title	8		(Lity	Ending Positi	Telep State on Title	hone () Zip Code		
Address Starting Posit Supervisors N	me Street Addres ion Title Name	18		(Sity	Ending Positio	Telep State on Title	hone () Zip Code		
Address Starting Posit Supervisors M Employed Fro	me Street Addres ion Title Name om	S		(City Beginning Salary	Ending Positi Title	Telep State on Title	hone () Zip Code		
Address Starting Posit Supervisors M Employed Fro Brief job desc	me Street Addres ion Title Name om pription	8		(Eity Beginning Salary	Ending Positi Title	Telep State on Title	hone () Zip Code		
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Authorization and Release

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that, as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, criminal record, education, credentials, credit and references. I voluntarily and knowingly authorize the company, and/or its agents, to verify any aspect of the information contained in my employment application or through public or private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or subsequent dismissal if I am hired.

Medical and workers' compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer by a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release to you or your agents any and all information concerning my former employment. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize you to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period.

Signature

The following information is required by law-enforcement agencies and other entities for positive identification process when checking public records. It is confidential and will not be used by any other purposes.

PLEASE PRINT CLEARLY

Name: Last	First	Middle	
Other names used (include maide	en name, aliases and nicknames):		
Address:			
City/State/ZIP:			
Telephone Number:	Social Security Number:	Date of Birth:	
Driver's License Number:	Туре:	State:	

Date

Acknowledgment of Understanding and Consent

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask them of an employment interviewer before signing.

This organization does not discriminate in hiring or employment on the basis of race, color, national origin, sex, age or disability. Because we are a church body, The Lutheran Church–Missouri Synod retains the right to give preference in hiring to persons who are members in good standing of an LCMS congregation.

It is understood that this application is not an obligation to provide employment. The application will be kept active for three months and it must be renewed to be active for a longer period.

I hereby certify that the statements made in this employment application are true and complete, to the best of my knowledge, and I authorize investigation of those statements. I understand that falsification, misrepresentation or omission of facts will be sufficient cause for elimination of any consideration for employment or cause for dismissal from the Synod, if I have been employed.

The Synod has the right, exercisable at any time, and without notice, to change wages, to change or eliminate benefits and policies, as well as to terminate, with or without cause, the employment relationship. I understand that no manager or representative of The Lutheran Church–Missouri Synod, other than the Human Resources Committee of the Synod, 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.

I understand that all employees of the Synod are expected to respect the official doctrines of the Synod and to pursue lifestyles that are morally in harmony with its teachings.

I agree that I have read and understand the above acknowledgments and agreements and recognize all of the above as conditions of employment.

Signature

Date