

# APPLICATION FOR EMPLOYMENT BLESSED SAVIOR LUTHERAN CHURCH

Thank you for your interest in employment at Blessed Savior Lutheran Church New Berlin.

If because of a disability, you are in need of any special assistance with this application form or the application or interview process, please inform a staff member in the Human Resources office so that appropriate accommodations may be made.

We are an Equal Opportunity Employer. Blessed Savior does not discriminate in the employment of individuals on the basis of race, color, national or ethnic origin, disability, gender, or age. 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 \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street Address City State Zip Code

Previous Address \_\_\_\_\_  
Street Address City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Name, address, and pastor congregation: \_\_\_\_\_

Are you 18 years or older? \_\_\_ yes \_\_\_ no \_\_\_\_\_

## WORK PREFERENCE:

Type of work or position applied for \_\_\_\_\_ Referred by \_\_\_\_\_

Interested in \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Summer Salary required \_\_\_\_\_

Date available for work \_\_\_\_\_

Will relocate if job requires it \_\_\_ yes \_\_\_ no

Are you able to meet the attendance requirements of this position? \_\_\_ yes \_\_\_ no

Will you work overtime if required? \_\_\_ yes \_\_\_ no If no, please explain \_\_\_\_\_

**OTHER:**

Should you be employed by BLESSED SAVIOR LUTHERAN, would you engage in any other business? \_\_\_yes \_\_\_no

If yes, where and in what capacity? \_\_\_\_\_

Are you a citizen of the United States or do you have a valid authorization to work in the United States? \_\_\_yes \_\_\_no

Have you ever been convicted, pleaded guilty or pleaded "no contest" to any crime, other than traffic violations in the past? \_\_\_yes \_\_\_no If yes, please explain \_\_\_\_\_

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever been discharged or asked to resign by a previous employer? \_\_\_yes \_\_\_no If yes, please explain: \_\_\_\_\_

**PERSONAL REFERENCES:**

Name and Address	Telephone	Business/Profession	Length of Acquaintance
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**EMPLOYMENT HISTORY:**

List your complete employment record including temporary, regular and part-time in date order with **most recent first**. List military service, if applicable, as part of employment record.

**MOST RECENT EMPLOYER:**

Are you currently working for this employer? \_\_\_yes \_\_\_no If yes, may we contact? \_\_\_yes \_\_\_no

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Starting Position Title \_\_\_\_\_ Ending Position Title \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Title \_\_\_\_\_

Employed From \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
\_\_\_ Full-Time \_\_\_ Part-Time

Brief Job Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

If you were employed under a different name, give that name in full \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Starting Position Title \_\_\_\_\_ Ending Position Title \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Title \_\_\_\_\_

Employed From \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
\_\_\_ Full-Time \_\_\_ Part-Time

Brief Job Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

If you were employed under a different name, give that name in full \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Starting Position Title \_\_\_\_\_ Ending Position Title \_\_\_\_\_  
 Supervisors Name \_\_\_\_\_ Title \_\_\_\_\_

Employed From \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

Brief Job Description \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 If you were employed under a different name, give that name in full \_\_\_\_\_

**UNEMPLOYMENT**

Account for all periods of two weeks or more for which you have been without work in the last five years.

FROM		TO		STATE REASON
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

**EDUCATION**

School Name/Address	Years Attended	Graduation Date	Diploma/Degree	Major Subject	Grade Point Average
High School Address					
Business/Trade School Address					
College/University Address					

**OTHER TRAINING, CURRENT LICENSES, OR CERTIFICATES:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_