

Leganger Lutheran Church

Employment Application

Applicant Information						
Full Name:			Date:			
	Last	First		М.І.		
Address:						
	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
Phone:			Email			
Date Availa	ble:	Social Security No.:		Desired S	alary: \$	
Position App	plied for:					
Emergency	Contact:					
Are you a ci	tizen of the United State	YES NO	lf no, are you a	authorized to work	YES NO	
Have you ever worked for this company?						
YES NO Have you ever been convicted of a felony?						
If yes, explain:						
Education						
High Schoo	l:	Address				
From:	То:	Did you graduate?	YES NO	Diploma:	_	
			YES NO			
From:	To:	Did you graduate?	? 🗆 🗆	Degree:		
Other:		Address	:			
		Did you graduate?	YES NO	Degree:		
Training:		Address	:			
From:	To:	Certificate Earned?	YES NO			
Training:		Address				
From:	To:		YES NO			

References

Please list	three professional references.	
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
	Previous Employment	
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:\$	Ending Salary: \$
Responsibil	ities:	
From:	To: Reason for Leaving:	
May we con	YES NO tact your previous supervisor for a reference?	
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary: <u>\$</u>
Responsibil	ities:	
From:	To: Reason for Leaving:	
May we con	YES NO tact your previous supervisor for a reference?	
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary: <u>\$</u>	Ending Salary: <u>\$</u>
Responsibil	ities:	

From: To:	Reason for Leaving:					
May we contact your previous supervisor for a reference?	YES NO e?					
Military Service						
Branch:	From: To:					
Rank at Discharge:	Type of Discharge:					
If other than honorable, explain:						
Computer Skills						
I have experience with: Power point: Word (including mail merge): Outlook: Excel: Databases:						
Disclaimer and Signature						
I acknowledge and give permission that if I am moved forward to an offer of hire, that hire would be contingent on a background check that will be carried out by the Deuel County Sherriff's office. I give this this acknowledgment and permission by signing below.						
Signature:	Date:					
Disclaimer and Signature						
I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the above Authorization for Criminal Records Verification and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.						

Signature:

Date:_____