

Bethesda Evangelical Lutheran Church

204 5TH Street ~ PO Box 210
Carlton, Minnesota 55718-0210
(281) 384-4501

APPLICATION FOR EMPLOYMENT

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

(When filling out by hand, please print.)

Position applying for	Date of application
How did you learn about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Relative <input type="checkbox"/> Job Hotline <input type="checkbox"/> Job Board <input type="checkbox"/> Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Web site <input type="checkbox"/> Friend <input type="checkbox"/> Other	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home telephone # () -	Phone # for messages () -	Cell phone () -	Social Security Number (voluntary) - -

Best time to contact you at home is:	<input type="checkbox"/> AM <input type="checkbox"/> PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work __/__/__	What is your desired salary range? _____
Are you available to work: <input type="checkbox"/> Full-time	Shift <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="checkbox"/> Part-time	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
<input type="checkbox"/> Temporary	<input type="checkbox"/> Rotating <input type="checkbox"/> Weekends
Dates available __/__/__ - __/__/__	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE STUDY DEGREE: MAJOR FIELD	LAST YEAR COMPLETED				GRADUATED
ELEMENTARY SCHOOL			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIGH SCHOOL			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/ UNIVERSITY			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
GRADUATE PROFESSIONAL			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER (Specify)			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Describe any specialized training, apprenticeships, skills and extra-curricular activities below:

Describe any job-related training received in the United States military

Employment Experience

Please list your work experience for the past four years beginning with your most recent job held. Include any job-related military service assignments and volunteer activities. *You may exclude organizations, which would reveal race, color, religion, political affiliation, national origin, disability, marital status, gender or age.*

Job Title	Dates (mo/yr)	Describe Duties:	
Employer	From To		
Address			
Phone #	Pay Rate		
Supervisor	Start Finish		
Reason for leaving			
Job Title	Dates (mo/yr)	Describe Duties:	
Employer	From To		
Address			
Phone #	Pay Rate		
Supervisor	Start Finish		
Reason for leaving			
Job Title	Dates (mo/yr)	Describe Duties:	
Employer	From To		
Address			
Phone #	Pay Rate		
Supervisor	Start Finish		
Reason for leaving			
Job Title	Dates (mo/yr)	Describe Duties:	
Employer	From To		
Address			
Phone #	Pay Rate		
Supervisor	Start Finish		
Reason for leaving			

For additional space, attach an additional sheet of paper

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS			
Type	License/Cert. Number	State Issued	Expiration Date
			/ /
			/ /
			/ /
			/ /

Other Information

List professional, trade, business or civic activities and offices held. *You may exclude membership, which would reveal race, color, religion, political affiliation, national origin, disability, marital status, gender or age.*

Organization	Offices held

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

<input type="checkbox"/> Terminal <input type="checkbox"/> PC <input type="checkbox"/> MAC <input type="checkbox"/> Typewriter WPM	<input type="checkbox"/> Spreadsheet <input type="checkbox"/> Word Processing <input type="checkbox"/> Shorthand WPM	Production/Mobile Machinery (list) _____ _____ _____	Other (list) _____ _____ _____
---	---	--	---

Use this space for any additional information you think would help us evaluate your application:

References

List names, addresses and relationships of two persons not related to you who know your qualifications:			
Name	Address	Phone	Relationship
		() -	
		() -	

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
--

Applicant's Statement

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for is open: Yes No

Position(s) considered for: _____

Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview: Yes No

Remarks: _____

Employed: Yes No

INTERVIEWER DATE

Job title: _____ Date of employment: _____

Department: _____ Hourly/Salary rate: _____

By: _____

NAME

TITLE

DATE