

Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, religion, sex, age, national origin, disability, marital status, or any other legally protected category which the Church is obligated to recognize.



912 Lake Avenue, Detroit Lakes, MN 56501
 Phone: 218-847-5656
 Fax: 218-847-7009
 www.firstlutheranchurch.com

HR USE ONLY
Applicant # _____
Position _____

PERSONAL DATA

Name (last, first, middle)				
Street Address and/or Mailing Address		City	State	Zip
Position Desired	Telephone Number		Email Address	
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes No		

POSITION INFORMATION Check all that you are willing to work

Hours: Full Time Part Time	Days Evenings	Swing Graveyard Weekends	Status: Regular Temporary
Are you authorized to work in the U.S. on an unrestricted basis?			Yes No
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes No			
Can you perform these essential functions of the job with or without reasonable accommodation?			Yes No

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address/City/State
School			
School			
Other			

SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.

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REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date