# Employment Application Today’s Date:

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

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| Applicant Information (Please Print) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | | | | First | | | | | | |  | | | | | | | Middle | | | | | Suffix | |  |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | |  | | |
| City | | |  | | | | | | | | | | | | | | State | | | | | | |  | | | | | | | ZIP | |  | | | |
| Home Phone | | |  | | | | | | | | | | | | | | E-mail Address | | | | | | |  | | | | | | | | | | | | | |
| Cell Phone | | | | | |  | | | | | | Date Available | | | | | | | |  | | | | | | | | Desired Salary | | | | |  | | | | |
| Position | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Do you desire: Full Time employment? | | | | | | | | | | | YES | | | | | NO | | | | | | Part Time Employment? | | | | | | | | | | YES | | NO | | | |
| Days/Hours Available to Work: | | | | | | | |  | | No Preference  Monday  Tuesday  Wednesday | | | | |  | | | | | | | | | | Thursday  Friday  Saturday  Sunday | | | | |  | | | | | | | |
| Can you travel if a job requires it? | | | | | | | |  | | YES | | | | | NO | | | | | | | | | |  | | | | |  | | | | | | | |
| Are you a citizen of the United States?  *Proof of citizenship or immigration will be required upon employment* | | | | | | | | | | | YES | | | | | NO | | | | If no, are you legally entitled to  work in the U.S.? | | | | | | | | | | | | | |  |  | | --- | --- | | YES | NO | | | |  | |
| Have you ever worked for Galilee Lutheran Church? | | | | | | | | | | | | | YES | | | | | NO | | | If so, when? | | | | |  | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | YES | | | | | NO | | | | If yes, please attach an explanation on a separate sheet including: the specific nature of the offense(s), when, where and disposition. (A conviction record will not necessarily be a bar to employment. Applicants are not required to disclose sealed or expunged records of conviction or arrest. This information will be used only for job-related purposes and only to the extent permitted by applicable law. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | |  | | | | | | | | | | Address | | | | |  | | | | | | | | | | | | | | | | | | |
| From |  | | | | | To |  | | Did you graduate? | | | | | YES | | | | | NO | | | | Degree | | | |  | | | | | | | | | | |
| College |  | | | | | | | | | | | | | Address | | | | |  | | | | | | | | | | | | | | | | | | |
| From |  | | | | | To |  | | Did you graduate? | | | | | YES | | | | | NO | | | | Degree | | | |  | | | | | | | | | | |
| Graduate |  | | | | | | | | | | | | | Address | | | | |  | | | | | | | | | | | | | | | | | | |
| From |  | | | | | To |  | | Did you graduate? | | | | | YES | | | | | NO | | | | Degree | | | |  | | | | | | | | | | |
| Other/  Continuing Ed | |  | | | | | | | | | | | | Address | | | | |  | | | | | | | | | | | | | | | | | | |
| From |  | | | | | To |  | | Did you graduate? | | | | | YES | | | | | NO | | | | Degree | | | |  | | | | | | | | | | |

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| Current Licenses and/or Certifications/or other Training related to this position |
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|  |
| What languages do you speak? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| References *Please list two professional (job)references and one personal reference.* | | | | |
| Full Name |  | Relationship | |  |
| Company |  | Phone | ( ) | |
| Address |  | | | |
| Full Name |  | Relationship | |  |
| Company |  | Phone | ( ) | |
| Address |  | | | |
| Full Name |  | Relationship | |  |
| Address | Phone ( ) | | | |

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| Previous Employment *Begin with current or most recent employer.* | | | | | | | | | | | | | |
| Company | | |  | | | | | | Phone | ( ) | | | |
| Address | |  | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | |  | |  | | |  |  |
| Responsibilities | | | |  | | | | | | | | | |
| From |  | | | To |  | Reason for Leaving | |  | | | | | |
| May we contact your current employer prior to employment? | | | | | | | | YES | NO |  | | | |
| Company | | |  | | | | | | Phone | ( ) | | | |
| Address | |  | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | |  | |  | | |  |  |
| Responsibilities | | | |  | | | | | | | | | |
| From |  | | | To |  | Reason for Leaving | |  | | | | | |
| Company | |  | | | | | | | Phone | ( ) | | | |
| Address | |  | | | | | | | Supervisor | |  | | |
| Job Title | |  | | | | |  | |  | | |  |  |
| Responsibilities | | | |  | | | | | | | | | |
| From |  | | | To |  | Reason for Leaving | |  | | | | | |

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| Qualifications *Use the space below to share with us your qualifications and why you feel those qualifications will enable you to perform the specifics of the position as well as assist Galilee Lutheran church in carrying out its overall vision.* | | | |
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|  | | | |
| Disclaimer and Signature | | | |
| 1. All information provided on this Application for Employment form is complete and accurate to the best of my knowledge. 2. Applicants will be expected to understand, respect, and support the church’s mission and abide by its rules and policies. 3. This church has my permission to investigate, at its discretion, my past employment history, personal references, and any other information contained in this application. I agree to sign an “Authorization to Release “form to obtain my employment and personal information. Any position offered to me is contingent upon the satisfactory completion of background and reference checks. 4. Misrepresentation of facts in this application will disqualify me from further consideration or, if I am employed, may be sufficient cause for dismissal. 5. Federal laws require that employers hire only individuals who are authorized to be lawfully in the United States. In compliance with such laws, all offers of employment are subject to verification of each applicant’s identify and employment authorization. I understand that it will be necessary for me to submit such documents as are required by law to verify my identification and employment authorization on the first day of employment. 6. I understand that nothing contained in this form or as contained in the Personnel Policies or in the granting of an interview is intended to create a contract between Galilee Lutheran Church and me, either for employment or for the providing of any benefits. No promise regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Galilee Lutheran Church unless made to me in writing by the Galilee Lutheran Church Leadership Board, and will be an “At Will” employment offer.   I understand and agree to statements and conditions 1 – 6 above. | | | |
| Applicant’s Signature |  | Date |  |

Please return to: Human Resources

Galilee Lutheran Church

N24 W26430 Crestview Drive

Pewaukee, WI 53072

galilee@galileelc.org

**RELEASE AUTHORIZATION**

1. In connection with my application for employment or volunteer position with Galilee Lutheran Church, 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 the reasons of past employment or volunteer service. I understand that as directed by church policy and consistent with the job described or volunteer position, you may be requesting information from public and private sources about my: workers’ compensation injuries, driving record, criminal record, education, credit, and previous employment.
2. Medical and workers’ compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Report Act, I am entitled to know if employment or volunteer position is denied because of information obtained by Galilee Lutheran Church from a consumer reporting agency. If so, I will be notified and be given the name of the agency or the source of the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. I release Galilee Lutheran Church, all persons and agencies from any liabilities or damages for having furnished such information in good faith. The requested information may be obtained at any time during the application process or during employment or volunteer position with Galilee Lutheran Church.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer or insurance company contacted to furnish the information described in Number 1.

Today’s Date \_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print your full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please print other last names you have used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issuing DL\_\_\_\_\_\_\_\_\_\_\_\_\_