

EMPLOYMENT APPLICATION
Messiah Lutheran Church
MOTHER'S DAY OUT PROGRAM

Date: _____

Name: _____
 Last First Middle

Are you over the age of 18: _____yes _____no

Present Address: _____

City: _____ State: _____ Zip: _____

Mobile phone: _____

Position applying for:

Director _____ Teacher _____ Substitute _____

List friends or relatives working for us now. _____

Date you are available to start: _____

Education/Training:

Name of High School/college	Location	Years Attended	Degree Received	Major

Certifications or licenses you hold

Continuing education completed: (Courses taken, dates of completion)

Names of professional associations of which you are a member:

Name of church in which you are currently an active member:

Current First Aid Certification? Yes No If yes, date of expiration

Current CPR Certification? Yes No If yes, date of expiration

Previous Work Experience: Beginning with the most recent, please list your previous employers.

Employer	Job Title	
Work phone	Duties	
Address	City	State

Employer	Job Title	
Work Phone	Duties	
Address	City	State

Employer	Job Title	
Work Phone	Duties	
Address	City	State

Employer	Job title	
Work Phone	Duties	

Address	City	State
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Previous Volunteer Experience: Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony? Yes No

References: Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years, and are willing to certify to your character, ability and experience.

1. Name: _____
Address: _____
Phone number: _____
Length of time you have known reference: _____
Relationship to reference: _____

2. Name: _____
Address: _____
Phone number: _____
Length of time you have known reference: _____
Relationship to reference: _____

3. Name: _____
Address: _____
Phone number: _____
Length of time you have known reference: _____
Relationship to reference: _____

Waiver and Consent:

I, _____, hereby certify that the information I have provided on this application for employment is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references and employers I have listed and by performing a criminal background check.

Signature of Applicant

Date

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize Messiah Lutheran Church to run a national criminal background check on me.

Signature of Applicant

Date

LAST NAME _____ FIRST NAME _____ MIDDLE _____

Please List Other Names Used _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN

D/L or STATE ID

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____