



St. John Lutheran Academy Employment Application

Please complete the following:

Application

Addendum 1

Addendum 2

Please attach the following:

Resume

Copy of Driver's License

Copy of Social Security Card

Please return to St. John Lutheran Academy or St. John Lutheran Church Office. You will be notified by our Academy Director when the interview process begins.

Thank you,

St. John Lutheran Church

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

	Date	Social Security Number		Last
Name				
	Last	First	Middle	
Present Address	Street	City	State	Zip
Permanent Address	Street	City	State	Zip
Phone No.				
Referred By	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Last

First

Middle

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filing out this form does not indicate there is a position open and does not obligate the Company to hire. If hired I agree to abide by all Company work rules policies and procedures. The Company retains the right to revise its policies or procedures in whole or in part, at any time.

Date

Signature

St. John Lutheran Academy Employment Application – Addendum 1

Name of Church in which you are currently an active member: _____

Last TB Test Date: _____ Last Physical Exam Test: _____

Have you ever been convicted of a misdemeanor, felony, or other offense? (please circle one)

YES NO

List any and all licenses or certifications of competence:

Names of professional associations of which you are a member:

Please explain how your past personal and professional experiences make you a quality candidate for the position in which you are applying.

St. John Lutheran Academy Employment Application – Addendum 2

Ethnic Group		Date of Birth			Sex	Citizenship Status
		Month	Day	Year		
Native American	_____					
Asian	_____					
African American	_____					
Hispanic	_____					
White	_____					

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining criminal history record information.

I clearly understand and agree that acceptance of a position with St. John Lutheran Church & Academy subjects me to all rules, practices and policies of the Church Body, and that I am expected to give loyal and cooperative service in the position to which I am assigned during the time I am employed by the church.

I hereby certify that the above statements are true and give my permission for any verification. I understand that falsification, misrepresentation or omission of facts will be sufficient cause for elimination of any consideration for employment of cause for dismissal.

Signature _____

Date _____

Printed Name _____

Driver's License Number _____

Issuing State _____

Social Security Number _____

PLEASE ATTACH A COPY OF DIVER'S LICENSE AND SOCIAL SECURITY CARD