



St. Luke's Lutheran Church
5150 Wilson Street
La Mesa, CA 91942
619-463-6633
pastor-sllc@att.net

Date: _____

PERSONAL INFORMATION

Name: _____
 Last First Middle

Social Security Number: _____ (required if offered the position)

Present Address: _____
 Street address Apt #

 City State Zip Code

Permanent Address: _____

 City State Zip Code

Phone Number: () _____

Are you over 18 years Yes No Cell Phone Number: () _____

For office use only

Last Name

First

Middle

DOB

EMPLOYMENT POSITION DESIRED

Position:	Date available to 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	If now employed, why do you desire to change your current position?
Ever applied to St. Luke's before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When:
How did you learn about this position? _____		

<p>Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please explain: _____</p>
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Have you ever been known by a different name? Yes No If YES, please identify: _____

What special skills do you have? _____

EDUCATION					
<i>Education Level</i>	<i>Name and Location of School</i>	<i>Number of Years</i>	<i>Year Graduated</i>	<i>Degree Received</i>	<i>Major Subject</i>
High School					
College					
Graduate School					
Trade/ Business, other					

* This information will not be used in violation of the church's policy prohibiting unlawful discrimination on the bases of race, sex, age, national origin, disability, or any other characteristic protected by applicable law.

DENOMINATIONAL AFFILIATION		
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Congregation Name	Denomination	Years Active Membership

EMPLOYMENT HISTORY – Please list most recent employer first

Employer: _____ Telephone: (_____) _____

Address: _____
Street City State Zip

Position: _____ Start Date: _____ Ending Date: _____

Starting monthly salary: _____ Final monthly salary: _____

Duties: _____

Supervisor: _____ May we contact them? Yes No

Reason for leaving: _____

Employer: _____ Telephone: (_____) _____

Address: _____
Street City State Zip

Position: _____ Start Date: _____ Ending Date: _____

Starting monthly salary: _____ Final monthly salary: _____

Duties: _____

Supervisor: _____ May we contact them? Yes No

Reason for leaving: _____

Employer: _____ Telephone: (_____) _____

Address: _____
Street City State Zip

Position: _____ Start Date: _____ Ending Date: _____

Starting monthly salary: _____ Final monthly salary: _____

Duties: _____

Supervisor: _____ May we contact them? Yes No

Reason for leaving: _____

Have you ever been discharged or allowed to resign instead of being discharged? Yes No

If Yes, please explain: _____

REFERENCES – Please provide information on three people you are not related to and you have known at least one year. References will be taken for shortlisted candidates only.

Name and Business	Address	Telephone Number and Email Address	Years Acquainted

MILITARY SERVICE RECORD

Branch of Service:	Discharge date:
Discharge rank:	Years of Service:
Present membership of: <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	Unit telephone number:

AUTHORIZATION

I understand, if shortlisted, that a background investigation is part of the normal application procedure for employment. I also understand that I will be informed in the event that such a report affects my eligibility for employment and that I have the right to request in writing to receive detailed information about the nature and scope of this investigation. I therefore authorized St. Luke’s Lutheran Church and its agents to investigate the information on this application, and any other information, which might assist St. Luke’s Lutheran Church to determine my qualifications for employment. I further authorize all persons, schools, organizations, companies, and law enforcement authorities to release information concerning my background without notice, and I hereby release them from any liability for any damage whatsoever for issuing this information.

I understand that St. Luke’s Lutheran Church has a Drug Free Workplace Program. All applicants considered qualified for the available position/employment may be required to submit a sample for urinalysis to screen for illegal drug/alcohol use prior to appointment.

I understand that this application is not to be construed as an offer or guarantee of employment for a specific time. I further understand that my employment with St. Luke’s Lutheran Church does not

constitute any form of contract, implied or expressed, and such employment will be terminable by either my employer or myself upon notice of one party or the other.

Subject to other arrangements, I understand, should I be hired, that my employment can be terminated with or without cause, and with or without notice, at any time at the option of either St. Luke's Lutheran Church or myself.

Finally, I certify that the above is true to the best of my knowledge. I understand that any deliberate and factual misstatement of or omission of information in relation to this application or to any documents accompanying this application can, in the event that I am hired, result in my immediate dismissal.

Check here if your application is complete.

Applicant's Signature

Date