

## APPLICATION FOR EMPLOYMENT | PRINCE OF PEACE LUTHERAN CHURCH | BURNSVILLE, MN

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, physical or mental handicap, veterans status or citizenship status. The receipt of this application does not mean that job openings exist, or does it obligate us in any way. We appreciate your interest in Prince of Peace. Please complete all sections of this application. If you find it necessary to provide additional comments or explanations to questions asked, please attach an additional sheet of paper. PLEASE PRINT ALL INFORMATION.

	Date Completed:			
PERSONAL INFORMATION				
Name				
Last	First	Middle Initial		
Present Address		Apt Number		
City	State	Zip		
Phone Number ()				
Email address				
How long have you lived at this address?	Are you a citizen of the	United States? ☐ Yes ☐ No		
If not a citizen of the U.S., can you provide proo	f that you can be legally employ	red in the U.S.?		
EMPLOYMENT INFORMATION				
Position applying for		Salary Desired		
Type of employment you are interest in:	☐ Full Time ☐ Part Time	☐ Temporary		
Have you ever applied for a job with us before?	☐ Yes ☐ No			
Are there any experiences, skills, or qualification	ns you believe would especially	fit you with Prince of Peace?		

Note: If you have submitted a resume with references, you do not need to complete the Work History or References sections of application.

*** CDLC APPLICANTS ONLY ***					
Are you Rule 3 qualified for the position you are applying for?   Yes  No  Have you been trained in curriculum development and assessments?  Yes  No					
Current type of certification:  Expiration Date:  File Folder No:					
Expiration Date: File Folder No:  Are you a member of any professional organizations? If so, which one(s):					
* ALL APPLICANTS MUST COMPLETE THE REMAINING SECTIONS *					
EDUCATION INFORMATION					
	Name of School		Did you graduate?	Degree	
High School					
Trade / Correspondence					
College					
Graduate School					
Describe any other specialized or professional training or certifications.					
WORK HISTORY					
Name of Employer	ame of Employer Phone				
Address					
Position Title	Date of Employment: From To				
Duties					
Name & Position of immediate supervisor					

Name of Employer	Phone	
Address		
Position Title		
Duties		
Name & Position of immediate supervisor		
Reason for leaving		
Name of Employer		
Address		
Position Title	Date of Employment: From	To
Duties		
Name & Position of immediate supervisor		
Reason for leaving		
Name of Employer	Phone	
Address		
Position Title	Date of Employment: From	To
Duties		
Name & Position of immediate supervisor		
Reason for leaving		

## PERSONAL REFERENCES

Please provide 2 professional references and 1 personal reference

Name	Daytime Ph	hone			
Years KnownRelationship	Occupation	Occupation			
Name	Daytime Ph	Daytime Phone			
Years KnownRelationship	Occupation				
Name	Daytime Ph	Daytime Phone			
Years KnownRelationship	Occupation				
C	CHURCH AFFILIATION				
Please list your c	hurch membership(s) over the	e past five years:			
Current Church	Dates	City/State			
Previous Church	Dates	City/State			
Previous Church	Dates	City/State			
APPLICANT'S STA	ATEMENT – PLEASE RE	EAD CAREFULLY			
The facts set forth in my application for each false statements on my application shall be to make any investigation on my personal credit agencies or bureaus of your choice in I understand that employment at this organ of employment for any specified length conducted on me, and I consent to any succession.	e considered sufficient cause of the considered sufficient cause of the compliance with applicable anization is "at will", and include time. If further understands	for dismissal. You are hereby authorized edit record through any investigation or laws or statutes.  udes no guarantee, contract, or promise			
I authorize the use of any information in the I authorize past employers, schools, church not identified in this application, to answer previous employment record. I release a having furnished such information.	nes, all references, and any ot wer all questions concerning	her persons or organizations, whether or g my ability, character, reputation, and			
Signature of Applicant		Date			
If this application is returned by mail, please add	dress it to Human Resources and	mark the envelope "personal and confidential			