

EMPLOYMENT APPLICATION

Salaried Exempt and Non-Exempt Positions



23290 Highway 7 • Excelsior, MN 55331
ph 952-474-5181 • fax 952-470-1985
www.oslcs.org

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL

LAST NAME	FIRST NAME	MI	TELEPHONE (AREA CODE AND NUMBER)		
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ADDRESS - NUMBER	STREET	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER
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Do you have any objection to working overtime if necessary? () YES () NO

Have you ever been previously employed by our organization or an affiliate? () YES () NO

Can you submit proof of legal employment authorization and identity? () YES () NO

If employed, can you provide proof that you meet the minimum age requirements? () YES () NO Check if under 18 years of age ()

Have you ever been convicted of a crime in the last 7 years (excluding misdemeanors and summary offenses)? () YES () NO
If yes, please explain (a conviction will not automatically bar employment)

How were you referred to Our Savior? _____ What position are you applying for? _____

EDUCATION

SHOW ALL FORMAL EDUCATION INCLUDING US MILITARY SCHOOLS

SCHOOL AND LOCATION	GRADUATED		DEGREE RECEIVED	GPA	MAJOR/MINOR FIELD(S) OF STUDY
	YES	NO			
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
MILITARY OR TECH SCHOOL					
OTHER					

EMPLOYMENT HISTORY

LIST LAST FOUR POSITIONS HELD STARTING WITH THE MOST RECENT

DATES EMPLOYED (MONTH & YEAR) FROM _____ TO _____	EMPLOYER'S NAME AND ADDRESS	MAJOR DUTIES PERFORMED
STARTING POSITION	SUPERVISOR'S NAME AND TITLE	
LAST POSITION	BASE WAGES \$ _____ OTHER \$ _____	REASON FOR LEAVING
DATES EMPLOYED (MONTH & YEAR) FROM _____ TO _____	EMPLOYER'S NAME AND ADDRESS	MAJOR DUTIES PERFORMED
STARTING POSITION	SUPERVISOR'S NAME AND TITLE	
LAST POSITION	BASE WAGES \$ _____ OTHER \$ _____	REASON FOR LEAVING
DATES EMPLOYED (MONTH & YEAR) FROM _____ TO _____	EMPLOYER'S NAME AND ADDRESS	MAJOR DUTIES PERFORMED
STARTING POSITION	SUPERVISOR'S NAME AND TITLE	
LAST POSITION	BASE WAGES \$ _____ OTHER \$ _____	REASON FOR LEAVING
DATES EMPLOYED (MONTH & YEAR) FROM _____ TO _____	EMPLOYER'S NAME AND ADDRESS	MAJOR DUTIES PERFORMED
STARTING POSITION	SUPERVISOR'S NAME AND TITLE	
LAST POSITION	BASE WAGES \$ _____ OTHER \$ _____	REASON FOR LEAVING

OTHER SKILLS AND QUALIFICATIONS

LIST ANY SPECIAL TRAINING, SKILLS, PROFESSIONAL HONORS/AWARDS.

MILITARY SERVICE			
BRANCH OF SERVICE	DATE ENTERED	DATE DISCHARGED	
RANK AT DISCHARGE	MAJOR DUTIES		
EMPLOYMENT INTERESTS			
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY			
DESCRIBE THE WORK OR POSITION DESIRED			
DATE AVAILABLE TO START WORKING			
WAGES EXPECTED			
\$ _____ PER _____			
PROFESSIONAL REFERENCES			
LIST PROFESSIONAL REFERENCES ONLY. DO NOT LIST RELATIVES.			
NAME	OCCUPATION	COMPANY NAME AND LOCATION	TELEPHONE WITH AREA CODE
NAME	OCCUPATION	COMPANY NAME AND LOCATION	TELEPHONE WITH AREA CODE
NAME	OCCUPATION	COMPANY NAME AND LOCATION	TELEPHONE WITH AREA CODE
May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorize Our Savior Lutheran Church and School to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability OSLCS and its representatives for seeking, gathering, and using such information to make employment decisions and all other people or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer may terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of OSLCS not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____

Our Savior Lutheran Church & School complies with all federal, state, and municipal laws that prohibit discrimination in employment.