EMPLOYMENT APPLICATION

Salaried Exempt and Non-Exempt Positions



AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL									
LAST NAME FIRST NA		ME		MI		TELEPHONE (AREA CODE AND NUMBER)			
ADDRESS			CITY		STATE	ZIP			
Do you have any objection to work	king overtime	e if necessar	~	() YES	() NO				
Have you been previously employed									
Can you submit proof of legal emp				() YES	() NO () NO				
If employed, can you provide proo	of that you me	eet the minir	eet the minimum age requirem () YES			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 Sav	/ior?		What position are you applying for?						
		SHOW ALL FORMAL EDUCATION INCLUDI			1				
SCHOOL AND LOCATION	GRAD YES	NO	DEGREE RECEI	IVED	GPA	MAJOR/MINOR FIELD(S) OF STUDY			
HIGH SCHOOL									
COLLEGE OR UNIVERSITY									
MILITARY OR TECH SCHOOL									
OTHER									
EMPLOYMENT HISTO	DRY	LIST LAST	FOUR POSITION	NS HELD STAF	RTING WITH	THE MOST RECENT			
DATES EMPLOYED (MONTH & Y	(EAR)	EMPLOYE	R'S NAME AND A	DDRESS	MAJOR D	UTIES PERFORMED			
FROMTO									
STARTING POSITION		1							
		SUPERVISOR'S NAME AND TITLE							
LAST POSITION		-			REASON FOR LEAVING				
DATES EMPLOYED (MONTH & YEAR)		EMPLOYER'S NAME AND ADDRESS				MAJOR DUTIES PERFORMED			
DATES ENFECTED (MONTH& I		EMPLOYER'S NAME AND ADDRESS							
FROM TO		4							
STARTING POSITION		SUPERVIS	SOR'S NAME AND		RFASON	FOR LEAVING			
LAST POSITION	1								
		EMPLOYER'S NAME AND ADDRESS				UTIES PERFORMED			
DATES EMPLOYED (MONTH & YEAR)		LIMPEOTERS NAME AND ADDRESS							
FROM TO	-								
STARTING POSITION		SUPERVISOR'S NAME AND TITLE			DEASON	REASON FOR LEAVING			
LAST POSITION	LAST POSITION								

EMPLOYMENT HISTO	ORY CONTINU	ED							
DATES EMPLOYED (MONTH & Y		ER'S NAME AND ADDRESS	MAJOR DUTIES PER	RFORMED					
STARTING POSITION	SUPERVI	SOR'S NAME AND TITLE	REASON FOR LEAV	REASON FOR LEAVING					
LAST POSITION									
OTHER SKILLS / QUALIFICATIONS LIST ANY SPECIAL TRAINING, SKILLS, PROFESSIONAL HONORS/AWARDS.									
MILITARY SERVICE									
BRANCH OF SERVICE	DATE EN	DATE ENTERED DATE DISCHARGED							
RANK AT DISCHARGE MAJOR DUTIES									
EMPLOYMENT INTERESTS () FULL TIME () PART TIME () REGULAR () TEMPORARY									
DESCRIBE THE WORK OR POSITION DESIRED									
DATE AVAILABLE TO START WO	RKING	WAGES EXPECTED							
		\$ PER							
PROFESSIONAL REF	ERENCES	LIST PROFESSIONAL REFERENCES ONLY. DO NOT LIST RELATIVES.							
NAME	OCCUPATION	COMPAN	IY NAME AND LOCATION	TELEPHONE WITH AREA CODE					
NAME OCCUPATION		COMPAN	IY NAME AND LOCATION	TELEPHONE WITH AREA CODE					
NAME OCCUPATION		COMPAN	IY NAME AND LOCATION	TELEPHONE WITH AREA CODE					
May we contact your current employer? () YES () 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.