JOB APPLICATION

First Lutheran Church 822 Douglas Street, Alexandria, Minnesota 56308 320-762-2196

First Lutheran Church is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:					
Date of Application:					
Applicant Information					
Applicant Name:					
Full Address:					
Phone Number:					
Email Address:					
Employment Position					
Position(s) applying for:					
How did you hear about this position?					
On what date can you start working if hired?					
Salary desired:					
Personal Information					
Have you ever applied to or worked for First Lutheran Church before? If yes, when?	Yes	No			
Do you have any friends, relatives, or acquaintances working for First Lutheran Church?	Yes	No			
If yes, please state name & relationship:					
Are you 18 years of age or older?	Yes	No			
Are you a U.S. citizen or approved to work in the United States?	Yes	No			
What document can you provide as proof of citizenship or legal status?					

(Application cont.)					
Do you have any condition whi	ch would require job acco	mmodations?		Yes	No
If yes, please describe accomm	odations required below.				
(Note: First Lutheran Church co	mplies with the ADA and a	considers reasonal	ole accommodati	on med	asures
that may be necessary for eligible o	•				
Job Skills/Qualifications					
Please list below the skills and qua	lifications you possess for	the position for w	hich you are app	lying:	
Education and Training					
High School					
Name	Location (City, State)	Year Graduated	Degree Earned		
College/University					
Name	Location (City, State)	Year Graduated	Degree Earned		
Vocational School/Specialized Tra	ining				
Name	Location (City, State)	Year Graduated	Degree Earned		
Military:					
	ed Services?			Yes	No
Are you a member of the Arme					
If yes, in what branch of the mi	litary did you enlist? _				
•	litary did you enlist? _ hen discharged? _				

<u>Previous Employment</u>	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
Employer Telephone:	
Dates Employed:	
Reason for Leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
Employer Telephone:	
Dates Employed:	
Reason for Leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
Employer Telephone:	
Dates Employed:	·
Reason for Leaving:	
References	
Please provide 3 personal and prof	essional references below:
Reference	Contact Information
<u>AT-WILL EMPLOYMENT</u>	
that your employment can be terr notice, by you or by First Lutherar acknowledge that no oral or writte	the First Lutheran Church is referred to as "employee at will". This means minated at any time for any reason, with or without cause, with or without a Church. You understand that your employment is "at will", and that you en statements or representations regarding your employment can alter your for a written statement signed by you AND either our Chair/Co-Chair of the rch Administrator.
Applicant Signature:	Dated: