Number: <u>6.2.4</u> Effective Date: <u>5/17/2016</u>

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER AN AFFIRMATIVE ACTION EMPLOYER

(Please Print Plainly)

State Email Yes No Full-Time est Date Available	Zip Part-Time
<u>E</u> mail	Part-Time
<u>E</u> mail	Part-Time
a? Yes No Full-Time	Part-Time
Full-Time	
est Date Available	
Year Did You olleted Graduate?	Diploma Or Degree
_ Yes	
No	
_ Yes	
No	
armed services train	ing, etc. relative
	No armed services train ftraining received:

EMPLOYMENT HISTORY

List below all present and past employers, beginning with your most recent. Please be thorough. If you need additional space, attach a separate sheet with the same required information.

Name of Last or Present	Employer	Street Address		City State Zip
Month/Year Started	Month/Year Left	Earnings at Start	at End	Full-Time Part-Time
Supervisor's Name & Tit	le	Phone:	Reason for	Leaving
Describe Major Duties an	nd Responsibilities:			
Name of Last or Present	Employer	Street Address		City State Zip
Month/Year Started	Month/Year Left	Earnings at Start	at End	Full-Time Part-Tim
Supervisor's Name & Tit	le	Phone:	Reason for	Leaving
Describe Major Duties an	nd Responsibilities:			
Describe Major Duties ar	nd Responsibilities:			
Describe Major Duties ar	nd Responsibilities:			
		Street Address		City State Zip
Describe Major Duties and Name of Last or Present		Street Address		City State Zip
		Street Address Earnings at Start	at End	City State Zip Full-Time Part-Tim
Name of Last or Present	Employer Month/Year Left		at End Reason for	Full-Time Part-Tim

IV.						
Name of Last or Present Employer		Street Address	City S	state Zip		
	Month/Year Started	Month/Year Left	Earnings at Start	at End	Full-Time	Part-Time
	Supervisor's Name & Tit	le	Phone:	Reason for	Leaving	
	Describe Major Duties a	nd Responsibilities:				
to con	ve contact the employ tact n of experience (all en				one(s) you do r Months	not wish us
Do yo	u have a valid Minne	sota Driver's Licenso	e? Class	Restrictions?		
Have '	We Missed Somethin	ng Important?				
Please	use the space below	to indicate any speci	al skills, interests, q	ualification, me	mberships, etc	. that may be
helpfu	l to us evaluating you	ır suitability/qualific	ations for the job: _			
In case	e of an emergency, no	tify: Name	Address		P	hone
nature	rd of criminal convic of the conviction in re other relevant facts	elation to the job at is	ssue, the amount of t	ime since convi		
Have y	you ever been convict	ted of a felony?	If yes, explain: _			

qualifications for the position for which you ar etc. Do not repeat names of supervisors listed		orkers, teachers,
Name and Occupation	Years Known Complete Address	Phone Number
2		
3	<u> </u>	_
I authorize any of the persons or organizations concerning my previous employment, education otherwise, with regard to any of the subjects colliability from any damages which may result from the I hereby certify that the answers and other inform understand any misrepresentation or omission of employment with Grace Lutheran church, if em Church is at the will of the Church or me and is by the Church with or without cause at any time approved Grace Lutheran Church policies.	on, or any other information they might have, povered by this application, and I release such particles from furnishing such information to you. Transition on this application are true and correct of facts on my part will be justification for sepan apployed. I understand that employment with G is for no definite period of time and may be term	t and that I trace Lutheran innated by me or
Signature of Applicant	Date	

Personal References: List three persons who are not related to you who would have knowledge of your