

Application for Employment

St. Andrew's Lutheran Church

900 Stillwater Road

Mahtomedi, Minnesota 55115

Phone: 651-426-3261

FAX 651-426-1716

Qualified applicants are considered for employment without regard to race, color, creed, ancestry, sex, marital status, national origin, pregnancy, sexual orientation, age, physical or mental disability, religious affiliation, veteran status or with regard to public assistance.

Referral Source () Advertisement () Employee () Relative () Walk In
() Government Employment Agency () Private Employee Agency () Other
Name of source (if applicable) _____

Contact Information

Name _____ Date ____/____/____
Last First Middle

Street City Zip
If necessary, best time to call you at home is?.....AM _____PM

May we contact you at work?..... () Yes () No
If no, please explain _____

Have you submitted an application here before? () Yes () No
If yes, give date(s) applied ____/____/____ Position(s) applied for _____

Are you related to any current employees or church council at St. Andrew's () Yes () No
If yes, please list name(s) and relationship(s)

name relationship Employee or Cou

Work Desired

Position(s) applied for _____

Date available for work ____/____/____ What is your desired salary: \$ _____

Type of employment desired () Full-time () Part-Time () Temporary () Seasonal

Are you able to meet the attendance requirements of this position?.....() Yes () No

Will you work overtime if required?.....() Yes () No

If no, please explain _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a misdemeanor or felony?....() Yes () No
Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account

If yes, please provide date(s) and details _____

Are you legally eligible for employment in this country?.....() Yes () No

Employment History

_____ () _____ - Employer Telephone	Dates Employed From To	Summarize the Type of Work Performed and/or Duties
_____ Address	Hourly Rate or Salary	
_____ Immediate Supervisor and Title	\$ Per	
_____ Reason for Leaving		
MAY WE CONTACT FOR REFERENCE? () YES () NO () LATER		

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MAY WE CONTACT FOR REFERENCE? () YES () NO () LATER		
Comments including explanation of any Gaps in Employment		

Educational Background

A: Last three (3) schools attended B. Years Attended C. Degree or Diploma earned (if any)
D. Grade Point Average or Class Rank E. Major field of study/Minor field of study (if applicable)

A Schools attended	B Yrs Completed	C Degree/Diploma	D GPA/Class Rank	E Major/Minor

Special Training

List special training, licenses and/or certificates:

Additional Information

List any additional information you would like us to consider:

Applicant Statement

I certify that all information I have provided is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented, will be cause to (i) cancel further consideration of the application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representative, for seeking, gathering, and using such information in the employment process and all others person, corporations or organizations for furnishing such information about me.

If I am hired, I understand that I am free to resign at any time, with our without cause and without prior notice, and the employer reserves the same right to terminate my my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute contract for employment for any specified period of definite duration. I understand that no representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the employers Lead Pastor or Business Administrator

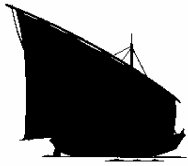
I understand that if I am hired, I will be required to provide proof of identify and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms as stated above.

Signature of Applicant

Date



St. Andrew's Lutheran Church

Background Check Authorization & Release Form

I hereby authorize St. Andrew's Lutheran church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics, or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to St. Andrew's Lutheran Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I understand that from time to time, St. Andrew's may receive a request from other agencies for whom I may be representing St. Andrew's Lutheran Church, to provide information obtained during the background check. I hereby authorize St. Andrew's Lutheran Church to release and/or disclose information obtained in the background investigation to such agencies, said information to include but not limited to, consumer investigation reports, criminal history, employment and education history.

Print Name

First Middle Last Maiden

Former Name(s)

Current Address

Street City State Zip

Previous Address

Street City State Zip

Social Security Number: _____ - _____ - _____

Home Phone: _____ - _____ - _____

Date of Birth _____ / _____ / _____
month day year

Drivers License # & State: _____ / _____
number state

Signature _____ Date _____

Notice to California, Minnesota and Oklahoma Applicants

You have the right to obtain a copy of any investigative consumer report obtained by St. Andrew's by checking the box provided below.

I request to receive a copy of this report ()