



2055 S. Franklin Street Rd.  
Decatur, IL 62521

Office Hours: Monday-Friday 8am-12pm  
Phone: 217-428-0641  
Email: office@mtcalvarydecatur.org

## Application for Employment

*All sections of this application must be filled out completely and honestly. This information will be used to determine your eligibility for this position. All application materials become the property of Mt. Calvary Lutheran Church and Preschool and will not be returned.*

*Please note: Because we are a church body, The Lutheran Church—Missouri Synod retains the right to give preference in hiring to persons who are members in good standing of an LCMS congregation.*

### POSITION APPLIED FOR

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### PERSONAL INFORMATION

Name (Last, First, Middle Initial)		Social Security Number	
Present Address (Street, City, State, Zip)			
Previous Address (Street, City, State, Zip)			
Home Phone	Cell Phone	Work Phone	May we contact you at work?
Religious Affiliation (if any, please give the church's name & address)			Are you 19 years or older?
Are you a citizen of or do you have valid authorization to work in the United States?			
Have you ever been convicted, pleaded guilty or pleaded "no contest" to any crime, other than traffic violations in the past? If yes, please explain below.			

## EDUCATION AND SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED if obtained.

Name of School & Location	# of years completed	Graduated		Degree & Major
		Yes	If no, approx. # of hours completed	
College		Yes	If no, approx. # of hours completed	
Other		Yes	If no, approx. # of hours completed	
High School/GED		Yes	If no, highest grade completed	

## EMPLOYMENT HISTORY

Please list your complete employment history including temporary, regular, and part-time positions (including military service) starting with the most recent position held. You may attached a resume, **but you must complete the employment section.** This information will be used in reference checks. Failure to answer items in the following sections may eliminate you from further consideration.

<b>MOST RECENT EMPLOYER</b>	Are you currently working for this employer? Yes No If yes, may we contact them? Yes No
Company Name	Telephone Number
Company Address (Street, City, State, Zip)	
Supervisor's Name and Title	Telephone Number
Dates Employed (month/year) From _____ to _____	Full-time Part-time
Starting Position Title	Ending Position Title
Salary/Wage Information Beginning _____ Ending _____	
Brief Job Description	

Company Name		Telephone Number
Company Address (Street, City, State, Zip)		
Supervisor's Name and Title		Telephone Number
Dates Employed (month/year) From _____ to _____		Full-time Part-time
Starting Position Title	Ending Position Title	
Salary/Wage Information Beginning _____ Ending _____		
Brief Job Description		

Company Name		Telephone Number
Company Address (Street, City, State, Zip)		
Supervisor's Name and Title		Telephone Number
Dates Employed (month/year) From _____ to _____		Full-time Part-time
Starting Position Title	Ending Position Title	
Salary/Wage Information Beginning _____ Ending _____		
Brief Job Description		

**Please Note:** If you were employed by any of the above employers under a different name, please give that name in full below.

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**SKILLS/CERTIFICATION**

*Please list technical or specialized skill/credentials you possess that are relevant to this position.*


**PERSONAL REFERENCES**

*Please list at least three references for us to contact.*

Name (First and Last)	Address	Phone Number

## **AUTHORIZATION AND RELEASE**

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that, as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, criminal record, education, credentials, credit and references. I voluntarily and knowingly authorize the company, and/or its agents, to verify any aspect of the information contained in my employment application or through public or private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or subsequent dismissal if I am hired.

Medical and workers' compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer by a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release to you or your agents any and all information concerning my former employment. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize you to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period.

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Signature

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Date

The following information is required by law-enforcement agencies and other entities for positive identification process when checking public records. It is confidential and will not be used for any other purposes.

**PLEASE PRINT CLEARLY**

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Name: Last	First	Middle
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Other names used *(include maiden name, aliases and nicknames)*:

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Address

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City	State	ZIP
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Telephone Number	Social Security Number	Date of Birth
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Driver's License Number	Type	State
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# ACKNOWLEDGMENT OF UNDERSTANDING AND CONSENT

## PLEASE READ BEFORE SIGNING

If you have any questions regarding this statement, please ask them of an employment interviewer before signing.

This organization does not discriminate in hiring or employment on the basis of race, color, national origin, sex, age or disability. Because we are a church body, Mount Calvary Lutheran Church and Preschool retains the right to give preference in hiring to persons who are members in good standing of an LCMS congregation.

It is understood that this application is not an obligation to provide employment. The application will be kept active for three months and it must be renewed to be active for a longer period.

I hereby certify that the statements made in this employment application are true and complete, to the best of my knowledge, and I authorize investigation of those statements. I understand that falsification, misrepresentation or omission of facts will be sufficient cause for elimination of any consideration for employment or cause for dismissal from Mount Calvary Lutheran Church and Preschool if I have been employed.

Mount Calvary Lutheran Church and Preschool has the right, exercisable at any time, and without notice, to change wages, to change or eliminate benefits and policies, as well as to terminate, with or without cause, the employment relationship. I understand that no manager or representative of Mount Calvary Lutheran Church and Preschool has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I understand that all employees of Mount Calvary Lutheran Church and Preschool are expected to respect the official doctrines of Mount Calvary Lutheran Church and Preschool and to pursue lifestyles that are morally in harmony with its teachings.

I agree that I have read and understand the above acknowledgments and agreements and recognize all of the above as conditions of employment.

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Signature

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Date