



# Application for Employment

**The Lutheran Church—Missouri Synod**  
**St. John's Lutheran Church & School**

**How to contact us:**

111 Kingsbury Avenue  
La Porte, IN 46350  
(219) 362-6692  
Fax: (219) 362-4742  
E-mail: [schooloffice@stjohns-laporte.com](mailto:schooloffice@stjohns-laporte.com)



An Equal Opportunity Employer

Because we are a church body of The Lutheran Church – Missouri Synod, St. John's Lutheran Church and School retains the right to give preference in hiring to persons who are members in good standing of an LCMS congregation.



EMPLOYMENT AND BUSINESS EXPERIENCE

List your complete employment record including temporary, regular and part-time in date order with **most recent first**. List military service, if applicable, as part of employment record.

**MOST RECENT EMPLOYER**—Are you currently working for this employer  Yes  No If yes, may we contact?  Yes  No

Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State ZIP Code

Starting Position Title \_\_\_\_\_ Ending Position Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  Full-time  Part-time  
Month Year Month Year

Brief Job Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

If you were employed under a different name, give that name in full \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State ZIP Code

Starting Position Title \_\_\_\_\_ Ending Position Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

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Month Year Month Year

Brief Job Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

If you were employed under a different name, give that name in full \_\_\_\_\_

# 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, credits 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

PLEASE PRINT CLEARLY

Name: Last	First	Middle
Other Names Used ( <i>include maiden name, aliases and nicknames</i> ):		
Address:		
City/State/ZIP:		
Telephone Number:	Social Security Number:	Date of Birth:
Driver's License Number:	Type:	State:

UNEMPLOYMENT	Account for all periods of two weeks or more for which you have been without work in the last five years.				
	From		To		State Reason
	Mo.	Yr.	Mo.	Yr.	
	Mo.	Yr.	Mo.	Yr.	

EDUCATION	School Name/Address	Years Attended	Graduation Date	Diploma/Degree	Major Subject	Grade Point Average
	High School					
	Address					
	Business/Trade School					
	Address					
	College/University					
	Address					
	College/University					
	Address					

## 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 of The Lutheran Church—Missouri Synod, St. Jophn's Lutheran Church and School 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 the Synod, if I have been employed.

The Synod 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 The Lutheran Church—Missouri Synod, other than those so designated by the Board for Human Resources, 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 the Synod are expected to respect the official doctrines of the Synod and to pursue lifestyles that are morally in harmony with its teachings.

I understand that employees are required to authorize Direct Deposit into their checking or savings account for payment of wages.

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

\_\_\_\_\_  
 Signature Date