

APPLICATION FOR EMPLOYMENT

ST. PAUL'S LUTHERAN
 W1956 GOPHER HILL ROAD
 IXONIA, WI 53036
 (920) 261-5589 PHONE
 (920) 261-3551 FAX

PLEASE PRINT IN INK OR TYPE

St. Paul's is an equal opportunity employer. All hiring, promotion practices, and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, sex, creed (religion), color or disability.

Position Applied For:

Date:

PERSONAL	Last Name:	First	MI	Former name(s) employed by: (Maiden Name)
	Street Address:			Home Phone ()
	City, State, Zip:			Cell Phone ()
	Are you legally eligible for employment in the United States? Yes No			Other Phone ()
	Are you interested in: Full-time Part-time Casual			Date available to begin work:
	Church Membership / Affiliation:			Professional License/Registration:

EDUCATION	SCHOOL	NAME AND LOCATION	COURSE OF STUDY (MAJOR)	NUMBER OF YEARS COMPLETED	DEGREE OR DIPLOMA ACHIEVED
	High		Not Applicable		
	College				
	Graduate				
	Other				
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER					

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer

Company Name	Telephone () -	Employed (State Month and Year) From: To:
Address		Weekly Pay Start: Last:
Name of Supervisor	May we contact? Yes No	Hours per Week
State Job Title & Describe Your Work		Number that you Supervised:
		Reason for Leaving

Company Name	Telephone () -	Employed (State Month and Year) From: To:
Address		Weekly Pay Start: Last:
Name of Supervisor	May we contact? Yes No	Hours per Week
State Job Title & Describe Your Work		Number that you Supervised:
		Reason for Leaving

Company Name	Telephone () -	Employed (State Month and Year) From: To:
Address		Weekly Pay Start: Last:
Name of Supervisor	May we contact? Yes No	Hours per Week
State Job Title & Describe Your Work		Number that you Supervised:
		Reason for Leaving

REFERENCES

List 3 Personal or Professional References. Do NOT include family members	Name	Phone Number	Best Time to Call	Occupation
	1.			
	2.			
	3.			

MILITARY

Describe any job-related training received in the United States military:

SPECIAL SKILLS AND QUALIFICATIONS

Describe any specialized training, apprenticeship, job-related skills and extra-curricular activities: (equipment operated, software programs, foreign languages, professional licenses, etc):

PROFESSIONAL OR CIVIC ORGANIZATION MEMBERSHIP

List professional, trade, business or civic activities and office held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

IF YOU NEED AN ACCOMMODATION FOR AN INTERVIEW, PLEASE REQUEST THIS IN ADVANCE

--

AUTHORIZATION AND SIGNATURE

I certify that answers herein are true and complete; furthermore, I understand that misrepresentation or omission of facts in this application or during an interview(s) will be cause for cancellation of consideration for employment or dismissal if employed.

I authorize an inquiry to be made on the information contained in this application, and I understand for some positions this may include a thorough background investigation. Upon written request, the nature and scope of this inquiry will be made available to me. Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for furnishing such information to St. Paul's.

I understand that employment is contingent upon a favorable evaluation and/or results of any pre-employment requirements necessary to perform the position applied for. This may include a health evaluation form, medical examination, skills testing, aptitude testing, verification of employment or other assessment determined necessary.

This application for employment shall be considered active for the period of time the position applied for is vacant or for 60 days, whichever is longer. Any applicant wishing to be considered for employment beyond this time period should reapply.

I hereby understand and acknowledge that, unless otherwise limited by applicable law, any employment relationship with St. Paul's is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that his "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of St. Paul's.

I understand that I have the right to receive equal opportunity for employment and may file a written grievance alleging discrimination in employment or access to services with the Human Resources Department.

Applicant's Signature: _____

Date: _____

AFFIRMATIVE ACTION SURVEY

The following information is needed to complete various government reports and to implement the Affirmative Action programs to ensure elimination of discrimination on the basis of age, race, religion, color, disability or association with a person with a disability, sex, national origin or ancestry, arrest record or conviction record, sexual orientation, marital status or pregnancy, political belief, or affiliation, military participation, or use or nonuse of lawful products during non-working hours. The information furnished on this form will not and legally cannot be used adversely against an applicant for employment, except that age, sex, physical or mental ability, and conviction record may be considered when relevant to the position for which you are applying.

This document will not be kept with the employment application. It will be maintained in the confidential records of the Affirmative Action Officer.

Please note that this information is provided on a voluntary basis. If you object to furnishing the information, simply sign and date the form. Any false information on this form will be treated the same as false statements on the application form.

PLEASE PRINT IN INK OR TYPE

POSITION APPLIED FOR: _____ DATE: _____

Name	Social Security Number
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	
Race/Ethnic Group <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino (White race only) <input type="checkbox"/> Hispanic or Latino (all other races)	
Referral Source <input type="checkbox"/> Newspaper Ad (specify) <input type="checkbox"/> County Employee <input type="checkbox"/> Web Site <input type="checkbox"/> Job Posting <input type="checkbox"/> Job Service <input type="checkbox"/> Other (specify)	
State names of relatives employed by St. Paul's:	
Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No	

AN INDIVIDUAL IS CONSIDERED DISABLED UNDER THE AMERICANS WITH DISABILITY ACT IF HE/SHE:
 (1) has a physical or mental impairment which substantially limits one or more major life activities
 (2) has a record of such impairments
 (3) is regarded as having such impairment

Disability status (check one)

Not disabled Disabled Disabled Veteran

Please explain how any physical, mental or medical impairment or disability would limit your job performance for the position for which you are applying:

Indicate what reasonable accommodations would enable you to perform the essential tasks/duties for the job which you are applying for:

APPLICANT'S SIGNATURE _____ DATE _____