

# APPLICATION FOR EMPLOYMENT

## Forest Hills Lutheran Christian School, Cornelius, Oregon (FHLCS)

### PERSONAL DATA

Name (Last)	(First)	(Middle)	Date:
Address	City	State	Zip Code
Previous Address	City	State	Zip Code
Phone	Alternate Phone	Best Contact Time	email Address
Driver's License No./Issuing State			
Position Applying For	Type of Work Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer		Referred by:
Date Available	Desired Pay Range		
In Case of Emergency Notify	Relationship	Phone	Name of Nearest Relative Phone
Religious Affiliation:	Name, location and pastor of congregation		
What prompted you to apply for a position at FHLCS?			

### EMPLOYMENT HISTORY

List all jobs and contract held by you during the past five continuous years, listing the **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	City State
Position / Title	Brief Description of Duties:
Supervisors Name	Title Phone Number
Dates Employed	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:	

Company Name	City State
Position / Title	Brief Description of Duties:
Supervisors Name	Title Phone Number
Dates Employed	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>

Company Name	City State
Position / Title	Brief Description of Duties:
Supervisors Name	Title Phone Number
Dates Employed	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>

Company Name	City State
Position / Title	Brief Description of Duties:
Supervisors Name	Title Phone Number
Dates Employed	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>

**CRIMINAL HISTORY**

Have you ever been <u>convicted</u> of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

**LCMS INFORMATION**

Have you been employed by the LCMS previously?  Yes  No If yes, when: \_\_\_\_\_  
 Location: \_\_\_\_\_

**PERSONAL REFERENCES**

List three references who we may contact:

Name	Phone	Business/Profession	Length of acquaintance
1.			
2.			
3.			

**EDUCATION**

School Name/Address	Years Attended	Graduation Date	Diploma/ Degree	Major/ Subjects of Study
High School City/State				
College/University City/State				
Business/Trade School City/State				

**OTHER**

- Are you a citizen of the United States or do you have a valid authorization to work in the United States?  Yes  No
- Have you ever been discharged or asked to resign by a previous employer?  Yes  No If yes, please explain \_\_\_\_\_
- I understand that employment in the State of Oregon is "at will", and may be terminated by myself or the employer at any time, and for any legal reason. Initial here: \_\_\_\_\_.

**APPLICANT STATEMENT**

I certify that this employment application was completed by me and that all of the information on this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment, if I am hired. I also authorize FHLCS to contact any individual or organization listed in this application. I understand that this application is not valid without my signature.

Print Name
Signature <span style="float: right;">Date</span>

Please submit a resume with your application. Thank you for your interest in FHLCS.