

# Application for Employment

**Lutheran Church Charities**



**How to contact us:**

3020 Milwaukee Ave

Northbrook, IL 60062

866-455-6466

Fax: 866-451-1476

E-mail: [LCC@LutheranChurchCharities.org](mailto:LCC@LutheranChurchCharities.org)

An Equal Opportunity Employer

Because we are an RSO of The Lutheran Church—Missouri Synod, Lutheran Church Charities retain the right to give preference in hiring to persons who are members in good standing of an LCMS congregation.

**INSTRUCTIONS 1.** Print legibly in INK only. **2.** Answer all questions. **3.** Carefully read acknowledgment on back, then sign and date.

Date \_\_\_\_\_

| <b>PERSONAL DATA</b>       | <p>Name _____ Home phone: (____) _____<br/> <small>Last First Middle</small> Cell phone: (____) _____</p> <p>Present Address _____<br/> <small>Street Address City State ZIP Code</small></p> <p>Previous Address _____<br/> <small>Street Address City State ZIP Code</small></p> <p>Religious affiliation _____ Name, address of congregation _____</p> <p>Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail Address _____</p>   |                        |                        |                        |                        |          |   |   |   |          |   |   |   |          |   |   |   |          |   |   |   |
|----------------------------|---|------------------------|------------------------|------------------------|------------------------|----------|---|---|---|----------|---|---|---|----------|---|---|---|----------|---|---|---|
| <b>WORK PREFERENCE</b>     | <p>Type of work or position applied for _____ Referred by _____</p> <p>Interested in <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer Salary Required _____</p> <p>Use the space below to describe why you feel qualified for the position for which you are applying _____<br/>         _____</p> <p>Date available for work _____</p>  |                        |                        |                        |                        |          |   |   |   |          |   |   |   |          |   |   |   |          |   |   |   |
| <b>LCC INFORMATION</b>     | <p>Have you been employed by LCC previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____ Location _____</p> <p>Have you ever previously applied to LCC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date _____</p> <p>Do you have relatives employed by LCC? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Location _____</p>   |                        |                        |                        |                        |          |   |   |   |          |   |   |   |          |   |   |   |          |   |   |   |
| <b>OTHER</b>               | <p>Should you be employed by LCC, would you engage in any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where and in what capacity? _____</p> <p>Are you a citizen of the United States or do you have a valid authorization to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted, pleaded guilty or pleaded "no contest" to any crime, other than traffic violations, in the past?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____</p> <p>Have you ever been discharged or asked to resign by a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____</p> <p>Have you ever been disciplined for tardiness or absenteeism by a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____</p> |                        |                        |                        |                        |          |   |   |   |          |   |   |   |          |   |   |   |          |   |   |   |
| <b>SPECIAL SKILLS</b>      | <p>Indicate your proficiency in the following areas:</p> <p><input type="checkbox"/> Typing WPM _____ <input type="checkbox"/> Computer Languages _____<br/> <input type="checkbox"/> 10-Key _____</p> <p>Microsoft Office Experience <input type="checkbox"/> Computer Hardware _____<br/> <input type="checkbox"/> 2003 <input type="checkbox"/> 2007 <input type="checkbox"/> 2010<br/> <input type="checkbox"/> Word <input type="checkbox"/> Outlook<br/> <input type="checkbox"/> Excel <input type="checkbox"/> Access<br/> <input type="checkbox"/> PowerPoint <input type="checkbox"/> Other Office Equipment Experience, please list _____</p>  |                        |                        |                        |                        |          |   |   |   |          |   |   |   |          |   |   |   |          |   |   |   |
| <b>PERSONAL REFERENCES</b> | <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Name and address</th> <th style="width:15%;">Telephone</th> <th style="width:25%;">Business or Profession</th> <th style="width:20%;">Length of acquaintance</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>2. _____</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>3. _____</td> <td>/</td> <td>/</td> <td>/</td> </tr> <tr> <td>4. _____</td> <td>/</td> <td>/</td> <td>/</td> </tr> </tbody> </table>   | Name and address       | Telephone              | Business or Profession | Length of acquaintance | 1. _____ | / | / | / | 2. _____ | / | / | / | 3. _____ | / | / | / | 4. _____ | / | / | / |
| Name and address           | Telephone   | Business or Profession | Length of acquaintance |                        |                        |          |   |   |   |          |   |   |   |          |   |   |   |          |   |   |   |
| 1. _____                   | /   | /                      | /                      |                        |                        |          |   |   |   |          |   |   |   |          |   |   |   |          |   |   |   |
| 2. _____                   | /   | /                      | /                      |                        |                        |          |   |   |   |          |   |   |   |          |   |   |   |          |   |   |   |
| 3. _____                   | /   | /                      | /                      |                        |                        |          |   |   |   |          |   |   |   |          |   |   |   |          |   |   |   |
| 4. _____                   | /   | /                      | /                      |                        |                        |          |   |   |   |          |   |   |   |          |   |   |   |          |   |   |   |

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 \_\_\_\_\_  Full-time  
Month Year Month Year  Part-time

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 \_\_\_\_\_

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Employed From \_\_\_\_\_ to \_\_\_\_\_  Full-time  
Month Year Month Year  Part-time

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:  |       | 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. |              |
|              | 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 an RSO of The Lutheran Church—Missouri Synod, Lutheran Church Charities 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 Lutheran Church Charities, if I have been employed.

Lutheran Church Charities 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 Lutheran Church Charities, other than those so designated by Lutheran Church Charities, 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 Lutheran Church Charities are expected to respect the official doctrines of Lutheran Church Charities 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