

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

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: This is a fillable PDF. It is recommended that you first download/save the PDF to your computer, then open with Adobe Reader and fill out. If you need assistance, please email tech@LutheranChurchCharities.org. When complete, email to LCC@LutheranChurchCharities.org

PERSONAL DATA	Name _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle </div>				Home Phone _____		
					Cell Phone _____		
	Present Address _____						
	Street Address		City		State	ZIP Code	
	Previous Address _____						
Street Address		City		State	ZIP Code		
Religious affiliation _____ Name, address of congregation _____							
Are you 18 years or older? Yes No Email Address _____							
WORK PREFERENCE	Type of work or position applied for _____				Referred by _____		
	Interested in <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Summer				Salary Required _____		
	Use the space below to describe why you feel qualified for the position for which you are applying						

Date available for work _____							
LCC INFORMATION	Have you been employed by LCC previously? Yes No If yes, when _____ Location _____						
	Have you ever previously applied to LCC? Yes No If yes, give date _____						
	Do you have relatives employed by LCC? Yes No Name _____ Location _____						
OTHER	Should you be employed by LCC, would you engage in any other business? Yes No						
	If yes, where and in what capacity? _____						
	Are you legally eligible to be employed in the United States? Yes No						
	Have you ever been convicted of a crime? Yes No						
	If yes, please explain _____						
Have you ever been discharged or asked to resign by a previous employer? Yes No							
If yes, please explain _____							
SPECIAL SKILLS	Indicate your proficiency in the following areas:						
	<input type="checkbox"/> Typing WPM _____		Computer Languages _____				
	<input type="checkbox"/> 10-Key		Computer Hardware _____				
	Microsoft Office Experience		Other office equipment experience, please list _____				
	<input type="checkbox"/> Word <input type="checkbox"/> Outlook						
<input type="checkbox"/> Excel <input type="checkbox"/> Access							
<input type="checkbox"/> PowerPoint							
PERSONAL REFERENCES	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 _____ Full-time Part-time
Month/Year to 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 _____

Employed From _____ Full-time Part-time
Month/Year to 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 _____

Employed From _____ Full-time Part-time
Month/Year to 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 _____

Employed From _____ Full-time Part-time
Month/Year to Month/Year

Brief Job Description _____

Reason for leaving _____

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

UNEMPLOYMENT	Account for all periods of one month 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
	High School					
	Address					
	Business/Trade School					
	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.

Please type name and date. You will be asked to sign this application at employment interview.

Signature

Date