



lcm.church

Employment Application

This application is good for 60 Days

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. Please feel free to let us know if you need an accommodation to complete the application process or to perform an essential element of the position sought.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law pertaining to religious organizations.

PLEASE PRINT

APPLICANT INFORMATION

Date of Application		Position(s) Applied for					
Referral Source	Advertisement <input type="checkbox"/>	Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Walk-In <input type="checkbox"/>	Employment Agency <input type="checkbox"/>	Other <input type="checkbox"/>	
Last Name			First		Middle		
Street Address					Apartment/Unit #		
City			State		ZIP		
Phone			E-mail Address				
Date Available for Work			Social Security No.		Expected Salary		
Are you available to work: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> What days? S M T W T F S							
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>							

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

Have you filed an application here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes give date
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, give date
Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you on lay-off and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, disability, religion, sex or national origin.)

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Last Grade Completed
College/University		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Course of Study:					
Graduate/Professional		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Course of Study:					
Honors Received					
Special skills and qualifications, including those acquired from employment or other experience					

REFERENCES

Please give name, address and telephone number of three references who are not related to you and are not previous employers.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT EXPERIENCE			
Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, disability, or national origin.			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Veteran of the U.S. Military Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Branch
APPLICANT'S STATEMENT			
<p>These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME, FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.</p> <p>I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.</p> <p>Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.</p>			
Signature of Applicant		Date	