***Application for Employment***

Hope Evangelical Lutheran Church and Student Center

4201 Guilford Drive

College Park, MD 20742

301-927-5508

# (Please Print/Type All Entries)

# (Additional material may be requested subsequently)

**APPLICANT PROFILE**

Position Desired

Date available to start \_\_\_\_\_\_\_\_\_\_ Days and hours available to work \_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Name / Initial

Cell number Home number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail

|  |  |
| --- | --- |
| **GENERAL PROFILE** |  |

Are you at least 18 years old? Yes No

If hired, can you furnish proof of age? Yes No

Are you legally entitled to work in the United States? Yes No

*Proof of citizenship or immigration status will be required upon employment.*

Have you ever been convicted of a criminal offense (felony or misdemeanor, other than minor traffic violations), including convictions based upon a plea of guilty or no contest, under the above name or any other name? Yes No

If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Conviction of a crime will not necessarily be a bar to employment. Applicants are not required to disclose sealed or expunged records of conviction or arrest. This information will be used only for job-related purposes and only to the extent permitted by applicable law. This information will be used to aid the employer in determining whether applicant is trustworthy enough considering the nature and duties of the position applied for, the nature and seriousness of the offense, and the length of time since it occurred.*

Describe your familiarity with the routines and life of a religious congregation.

Have you ever been discharged or requested to resign for cause from a position? Yes No

If yes, please explain

Have you ever worked for Hope before? Yes No If yes, give dates \_\_\_\_\_\_\_\_\_\_

# EMPLOYMENT HISTORY

*Please complete in a detailed and chronological order, beginning with your most recent position.*

Employer

Address

 Street Address City, State, Zip Code

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates / / to / /

Position

Salary

Reason for Leaving

May we contact? Yes No Later

Employer

Address

 Street Address City, State, Zip Code

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates / / to / /

Position

Salary

Reason for Leaving

May we contact? Yes No Later

Employer

Address

 Street Address City, State, Zip Code

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates / / to / /

Position

Salary

Reason for Leaving

May we contact? Yes No Later

# EDUCATIONAL BACKGROUND

*Check highest level of educational attainment..*

\_\_\_\_\_High School or equivalent \_\_\_\_\_Associate \_\_\_\_\_Bachelor’s \_\_\_\_\_Master’s or above

*List the three most recent educational institutions you attended.*

1. Institution Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Course of Study Degree/Qualification earned

1. Institution Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Course of Study Diploma/Degree

1. Institution Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Course of Study Diploma/Degree

Please list any additional education, training, skills, or certifications that qualify you for the position for which you are applying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# REFERENCES

*List the names and telephone numbers of three references who are not related to you.*

1. Employment Education Personal Title/Relationship

Name Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_Employment Education Personal Title/Relationship

Name Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_Employment Education Personal Title/Relationship

Name Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: A background in church-related activities and/or Lutheran theological training may be desirable for a given position.*

**Non-Discrimination Statement**

Applicants will receive consideration for positions without regard to race, color, national or ethnic origin, sex, sexual orientation, gender identity or gender expression, marital status, disability, age, status with regard to public assistance, veteran status, military service or protected genetic information.

**Employment at Will**

Employment with Hope Evangelical Lutheran Church and Student Center is “at will” and not by contract, either express or implied. This means that if you become employed at Hope, both you and the congregation are free to terminate the employment relationship at any time and for any reason, with or without notice.

# APPLICANT CERTIFICATION AND RELEASE

By signing this application, I hereby certify that all the information I have provided is true and accurate to the best of my knowledge, and understand that misleading or false statements on this application may lead to a decision not to hire me, or if already hired, termination of my employment.

I hereby give Hope Evangelical Lutheran Church and Student Center permission to contact the previous or current employers for which I have specified my concurrence to contact (by circling “Yes” on page 2), references, schools, and others concerning the statements made in this application, and I hereby release all parties involved from any liability as a result of such contact.

I understand that if I am offered a position with Hope, I may be required to submit to a pre-employment drug screening, and/or undergo a background screening check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to effect the results of these pre-employment screenings will result in withdrawal of an employment offer, or if already employed, termination of my employment.

I hereby further certify that I, the undersigned applicant, have personally completed this application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_