

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER AND DRUG FREE WORKPLACE. AS PART OF OUR DRUG FREE WORKPLACE PROGRAM, EMPLOYEES WILL BE SUBJECT TO DRUG TESTING IN ACORDANCE WITH AGENCY POLICY.



1. CURRENT INFORMATION

Name (type or print as on Social Security Card) _____
Last First Middle

Social Security Number _____ Application Date _____
Month Day Year

Position(s) applied for _____

This application is for Full Time Part Time Temporary (normally 6 months or less)

Date available for work _____ Minimum annual salary acceptable \$ _____

Present mailing address _____
Month Day Year

Permanent mailing address _____
Street & No. or RFD City State Zip Code

Telephone: Home _____ Business _____ Cell _____ Other _____

E-mail _____

Citizenship: U.S. If not U.S., Visa type _____ Date Granted _____ Immigrant No. _____
Month Day Year

(OPTIONAL) Military Service: Are you a veteran? No Yes Service Dates: From _____ To _____
Month Day Year Month Day Year

2. EDUCATION (Give your complete educational history below.)

High School _____ Highest school year completed: 9 10 11 12 GED

Education Beyond High School	Name and Location	Years Completed	Credit Hours	Degree or Diploma	Major Subject
College or University					
Graduate or Professional					
Other (Internship, etc.)					

If your education includes courses specifically related to a position sought, please indicate these courses below.

Subject	School	Credits	Grade	Subject	School	Credits	Grade	Subject	School	Credits	Grade

Are you enrolled in school now? No Yes If yes, where? _____ Course of study? _____

Fields or work for which you are licensed, registered, or certified: _____
Give date(s) and source(s) of issuance

3. SKILLS (Please list any skills and abilities you wish considered, including skills with equipment or machines you operate, special computer knowledge, etc. If you wish to be considered for a secretarial position, indicate speed for typing.)

(a) _____ (d) _____ (g) _____
 (c) _____ (e) _____ (h) _____
 (e) _____ (f) _____ (i) _____

4. GENERAL INFORMATION

- a. Are you employed? No Yes If yes, may we inquire of your employer regarding your experience and qualifications? No Yes
- b. Have you ever worked for Lutheran Family Services? No Yes If yes, give dates _____
- c. Will you accept employment requiring night or weekend work? No
- e. Are you related by blood or marriage to any person now employed by Lutheran Family Services? No Yes If yes, give name, relationship, and department in Section 5.
- e. Have you ever been convicted of any offense (other than a minor traffic violation with a fine of \$50.00 or less)? No Yes If yes, explain in Section 5.
- f. Have you ever had a substantiated report of child abuse or neglect? No Yes If yes, explain in Section 5.
- g. Do you have any criminal or social history that would adversely affect your capacity to work with children or adult clients? No Yes If yes, explain in Section 5.
- i. Can you perform the essential functions of the job for which you are applying with or without a reasonable accommodation? No Yes

5. EXPLANATIONS Use this space to explain an answer (answers to correspond to questions on preceding page in Section 4). Attach additional sheet if needed.

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6. EMPLOYMENT RECORD List your present or most recent employer FIRST. If necessary, use a continuation sheet.

A. Title of present or last position		Starting salary \$	Last salary \$
Date employed	Employer	Name and title of supervisor	
Date separated		Telephone	Address
Full-time		Duties	
	Years Months		
Part-time		Reason for leaving	
	Years Months		
If part-time, number of hours worked per week:			

B. Title of next to last position		Starting salary \$	Last salary \$
Date employed	Employer	Name and title of supervisor	
Date separated		Telephone	Address
Full-time		Duties	
	Years Months		
Part-time		Reason for leaving	
	Years Months		
If part-time, number of hours worked per week:			

C. Title of next position		Starting salary \$	Last salary \$
Date employed	Employer	Name and title of supervisor	
Date separated		Telephone	Address
Full-time		Duties	
	Years Months		
Part-time		Reason for leaving	
	Years Months		
If part-time, number of hours worked per week:			

Lutheran Family Services reserves the right to contact the above employment references.

We would like to keep you continuously advised about the status of your application. However, this is not possible due to limited time and funds. We will contact you if you are selected for an interview. All such selections are based on job-related factors, such as evidence of knowledge, skills, and abilities required by the specific available position opening. This application is considered active until the position applied for is filled.

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed I understand that any falsification of this record may be considered cause for termination.

Signature _____ Date _____

Return to: LUTHERAN FAMILY SERVICES
P.O. Box 30066
Charlotte, NC 28230