

# IMMANUEL LUTHERAN MINISTRIES

13445 Hampton Road, Brookfield WI 53005

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www.immanuelbrookfield.org

## Application for Employment

Position Applied For: \_\_\_\_\_

Circle One: Full Time or Part Time

Salary Required: \$ \_\_\_\_\_

### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Email Address: \_\_\_\_\_

Referred By: \_\_\_\_\_

### MILITARY STATUS:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Branch of Service) (Years) (Highest Rank) (Type & Date of Discharge)

List all memberships and affiliations (church, community, fraternal, professional, etc.): \_\_\_\_\_

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

Have you ever been convicted of a felony or a crime of moral turpitude? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_

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

### EMPLOYMENT HISTORY:

Begin with your most recent position; list all employment with the exception of military since leaving school:

1. _____ (Employer Name)	_____ (Telephone)
_____ (Address)	May we contact? ___ Yes ___ No
_____ (Name of Last Supervisor)	Starting Salary \$ _____ per _____
_____ (Title of Position)	Final Salary \$ _____ per _____
	_____ (Dates of Employment) From To

Describe Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. \_\_\_\_\_  
 (Employer Name)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (Name of Last Supervisor)

\_\_\_\_\_  
 (Title of Position)

\_\_\_\_\_  
 (Telephone)

May we contact? \_\_\_\_ Yes \_\_\_\_ No

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Final Salary \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_  
 (Dates of Employment) From \_\_\_\_\_ To \_\_\_\_\_

Describe Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. \_\_\_\_\_  
 (Employer Name)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (Name of Last Supervisor)

\_\_\_\_\_  
 (Title of Position)

\_\_\_\_\_  
 (Telephone)

May we contact? \_\_\_\_ Yes \_\_\_\_ No

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Final Salary \$ \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_  
 (Dates of Employment) From \_\_\_\_\_ To \_\_\_\_\_

Describe Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## REFERENCES:

List references qualified to speak of your background and experiences (do not include family or former employers).

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

## EDUCATION:

NAME & ADDRESS	DATES ATTENDED	DID YOU GRADUATE?	DEGREE	MAJOR COURSE

## SPIRITUAL QUALIFICATIONS:

1. Religious Affiliation: \_\_\_\_\_

2. Name and City of Congregation: \_\_\_\_\_

3. Name of Pastor: \_\_\_\_\_

## CERTIFICATION

I hereby certify that all entries on each page of this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Immanuel Lutheran Ministries. I understand that all information on this application is subject to verification and I consent to references and former employees and educational institutions, churches, and pastors listed being contacted regarding this application. I further authorize Immanuel Lutheran Ministries to rely upon and use as it sees fit any information received from such contacts.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date available for employment: \_\_\_\_\_

## ACKNOWLEDGMENT OF UNDERSTANDING AND CONSENT

This organization does not discriminate in hiring or employment on the basis of race, color, national origin, sex, age or disability, except with respect to positions that fall within the ministerial exception. Because we are a church body, The Lutheran Church–Missouri Synod 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 the Synod, if I have been employed.

The Synod 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 The Lutheran Church–Missouri Synod, other than the Human Resources Committee of the Synod, 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 the Synod are expected to respect the official doctrines of the Synod and to pursue lifestyles that are morally in harmony with its teachings.

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