

St. Luke's Lutheran Church of Sacramento, California

EMPLOYMENT APPLICATION

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|---|--|--------------------------------|------------------------------|-----------------------------|
| APPLICANT'S NAME (Last) (First) (M.I.) | | | SHEET NO. 1 | TOT. SHEETS |
| MAILING ADDRESS (Number) (Street) | | E-MAIL ADDRESS | SOCIAL SECURITY NUMBER | |
| (City) (State) (Zip Code) | | WORK TELEPHONE NUMBER | | |
| TITLE OF POSITION YOU ARE APPLYING FOR | | FORMER (OR OTHER) NAME(S) USED | HOME TELEPHONE NUMBER | |
| Have you ever been dismissed or terminated from any position for performance or other disciplinary reasons? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been accused of, participated in, or convicted of any form of sexual misconduct? | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "yes" to any question, explain below. | | | | |
| | | | | |

EDUCATION:

| | | | | | |
|--|--|--|---------|--|-------------------|
| GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF NOT, POSSESS GED OR EQUIVALENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF NOT, ENTER HIGHEST GRADE COMPLETED: | | | |
| POST HIGH SCHOOL EDUCATION <i>Name and Location of School</i> | COURSE OF STUDY | UNITS COMPLETED | | DIPLOMA, DEGREE OR CERTIFICATE OBTAINED | DATE COMPLETED |
| | | SEMESTER | QUARTER | | |
| | | | | | |
| | | | | | |

LICENSES, CERTIFICATES, OR PROFESSIONAL OR VOCATIONAL COMPETENCE:

| | | | |
|--------------------------------------|---------------|-----------------|--|
| LICENSE OR CERTIFICATE NAME & NUMBER | DATE RECEIVED | EXPIRATION DATE | NAME OF RELEVANT MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS |
| | | | |
| | | | |

PERSONAL REFERENCES: (2 minimum)

| | |
|---|-----------------------|
| NAME (Last) (First) (M.I.) | E-MAIL ADDRESS |
| CURRENT MAILING ADDRESS (Number) (Street) | WORK TELEPHONE NUMBER |
| (City) (State) (Zip Code) | HOME TELEPHONE NUMBER |
| | |
| NAME (Last) (First) (M.I.) | E-MAIL ADDRESS |
| CURRENT MAILING ADDRESS (Number) (Street) | WORK TELEPHONE NUMBER |
| (City) (State) (Zip Code) | HOME TELEPHONE NUMBER |
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IMPORTANT NOTE: Before the hiring is finalized, the apparent successful candidate for the position shall submit a completed background check authorization and disclosure form (subsequently national criminal and statewide sexual offender background checks will be made and the results reviewed) and schedule the required sexual harassment prevention and child abuse prevention training as specified by St. Luke's Continuing Resolutions CR-2005-3 and 4.

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| APPLICANT'S SIGNATURE | DATE SIGNED |
| | |

St. Luke's Lutheran Church of Sacramento, California
EMPLOYMENT APPLICATION (cont.)

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|-------------------------|---------|--------|-----------|-------------|
| APPLICANT'S NAME (Last) | (First) | (M.I.) | SHEET NO. | TOT. SHEETS |
|-------------------------|---------|--------|-----------|-------------|

EMPLOYMENT HISTORY: Use and attach as many sheets as necessary. Begin with your most recent job. List each job separately. List all relevant jobs regardless of duration, including part-time and military service, during the **last ten years**. You should also list volunteer experience and jobs held more than 10 years ago if they relate directly to the job for which you are applying.

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|-------------------------------|----------------------|--------------|------------|--|
| FROM (M/D/Y) | TO (M/D/Y) | JOB TITLE | | |
| HOURS PER WEEK | TOTAL WORK (Yrs/Mos) | COMPANY NAME | SUPERVISOR | |
| SALARY EARNED \$ _____ PER | | ADDRESS | | |
| DUTIES PERFORMED | | | | |
| REASON FOR LEAVING | | | | |

| | | | | |
|-------------------------------|----------------------|--------------|------------|--|
| FROM (M/D/Y) | TO (M/D/Y) | JOB TITLE | | |
| HOURS PER WEEK | TOTAL WORK (Yrs/Mos) | COMPANY NAME | SUPERVISOR | |
| SALARY EARNED \$ _____ PER | | ADDRESS | | |
| DUTIES PERFORMED | | | | |
| REASON FOR LEAVING | | | | |

| | | | | |
|-------------------------------|----------------------|--------------|------------|--|
| FROM (M/D/Y) | TO (M/D/Y) | JOB TITLE | | |
| HOURS PER WEEK | TOTAL WORK (Yrs/Mos) | COMPANY NAME | SUPERVISOR | |
| SALARY EARNED \$ _____ PER | | ADDRESS | | |
| DUTIES PERFORMED | | | | |
| REASON FOR LEAVING | | | | |