

Application For Employment

Southeastern District – Lutheran Church Missouri Synod

(Because we are a church body, we retain the right to give preference in hiring to persons who are members in good standing of an LCMS congregation.)

Please type or print legible (ink only)

Personal Information

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone numbers () _____ () _____ () _____
(Where you can be reached) Work Home Mobile

Congregation Name: _____

Address: _____

Are you a citizen of the United States or do you have a valid authorization to work in the United States?

_____ Yes

_____ No

A background check is required for this position – form will be provided at the interview.

Please include a resume with the application. If you are a rostered worker of the LCMS, a current CMIF or PIF and SET is required in addition to completion of this form. Contact your District President to update these forms.

Education

College _____ Degree/Major _____
Graduate _____ Degree/Major _____
Other _____ Course _____

Professional/Personal References (Non-Related, over 5 years)

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____
4. _____	_____	() _____

Is there any additional information you want us to know about you? _____ Yes _____ No

Employment History

List each job held. Start with your present or last job. Account for all time during the last 5 years. List military service, if applicable, as part of employment record.

May we contact your current or previous employer for a reference? _____ Yes _____ No

Company's Name _____ phone number () _____
Address _____

Starting Position Title _____ Ending Position Title _____
Supervisor's Name _____ Title _____
Employed From _____ To _____ Starting Salary \$ _____ Ending Salary \$ _____
month year month year

Brief Job Description _____
If you were employed under a different name, give that name in full _____

Reason for leaving _____

Company's Name _____ phone number () _____

Address _____

Street Address

City

State

Zip Code

Starting Position Title _____ Ending Position Title _____

Supervisor's Name _____ Title _____

Employed From _____ To _____ Starting Salary \$ _____ Ending Salary \$ _____
month year month year

Brief Job Description _____

If you were employed under a different name, give that name in full _____

Reason for leaving _____

Company's Name _____ phone number () _____

Address _____

Street Address

City

State

Zip Code

Starting Position Title _____ Ending Position Title _____

Supervisor's Name _____ Title _____

Employed From _____ To _____ Starting Salary \$ _____ Ending Salary \$ _____
month year month year

Brief Job Description _____

If you were employed under a different name, give that name in full _____

Reason for leaving _____

Company's Name _____ phone number () _____

Address _____

Street Address

City

State

Zip Code

Starting Position Title _____ Ending Position Title _____

Supervisor's Name _____ Title _____

Employed From _____ To _____ Starting Salary \$ _____ Ending Salary \$ _____
month year month year

Brief Job Description _____

If you were employed under a different name, give that name in full _____

Reason for leaving _____

Acknowledgement of Understanding and Consent

Please read before signing. If you have any questions regarding this statement, please contact Sally J Hiller at sjhiller@se.lcms.org or (703) 971.9371.

This organization does not discriminate in hiring or employment on the basis of race, color, national origin, sex, age or disability. Because we are a church body, the Southeastern District of 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.

Applicants who are considered for this position must undergo a background check.

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 Southeastern District, if I have been employed.

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