



**APPLICATION FOR EMPLOYMENT**  
(Please Print)

**PERSONAL INFORMATION:**

**Date of Application:** \_\_\_\_\_

Name:			
Last	First	Middle	Suffix
Mailing Address:			
Street		Apt/Unit or PO Box	
City	State	Zip Code	
First Contact Phone Number:			
Second Contact Phone Number:			
Cell Phone Number:			
E-mail Address:			

Are you 18 years old or older?  Yes  No

It is the policy of St. Luke's United Methodist Church to hire only United States citizens and aliens lawfully authorized to work in the United States. If employed by St. Luke's will you be able to provide documentation evidencing employment authorization and identity within three business days of the date of hire?  Yes  No

Have you ever been convicted of, or placed on deferred adjudication for a felony/misdemeanor involving theft, violence, or moral turpitude?  Yes  No

Have you completed a St. Luke's Day School application before? If so, date:  Yes  No

Desired Position: \_\_\_\_\_

Part Time \_\_\_\_ Full-time (30 hours/week) \_\_\_\_ Full-time (40 hours/week) \_\_\_\_

Date you can begin employment: \_\_\_\_\_

May we contact your current employer?  Yes  No

**EDUCATION AND CERTIFICATES:**

Do you have a high school diploma or GED certificate?

Yes  No

School name and location:

Do you have any of the following certificates:

Child Development Assoc. (CDA)

Where: \_\_\_\_\_

Yes  No

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

First Aid

Where: \_\_\_\_\_

Yes  No

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

Infant/Child and Adult CPR

Where: \_\_\_\_\_

Yes  No

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

**SCHOOLS ATTENDED AFTER HIGH SCHOOL OR SPECIAL TRAINING RECEIVED**

School Name	Location	Course of Study	Years completed	Did You Graduate?	List Degree, Diploma or Certificate

Describe any other education or skills that you have:

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**EMPLOYMENT HISTORY:**

List below your work experience, paid or unpaid, **beginning with your present or most recent job**. Describe each job separately, emphasizing your specific tasks and responsibilities. If you do not feel that the space provided for DUTIES is adequate, please attach additional sheets

EMPLOYER / Kind of Business		Your Job Title	DATES OF EMPLOYMENT
Address			From: Mo Yr
Supervisor Name	Title	Phone	To: Mo Yr
Duties			Hours Per Week
			Monthly Salary
Reason for Leaving			OR Hourly Salary

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Duties			Hours Per Week
			Monthly Salary
Reason for Leaving			OR Hourly Salary

**REFERENCES:**

List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the job for which you are applying. Do not repeat names of supervisors listed under work history. They may be contacted as well.

Name:	Business/ Occupation:	Relationship:
Address:		Phone:

Name:	Business/ Occupation:	Relationship:
Address:		Phone:

Name:	Business/ Occupation:	Relationship:
Address:		Phone:

**PHYSICAL CONDITION:**

Do you have any physical or mental impairment that would substantially limit your ability to perform the job for which you are applying?  Yes  No

If yes, please explain and include in your explanation any procedures which you intend to use to perform the job notwithstanding the impairment.

Are there any accommodations which St. Luke's can make that would enable you to perform the job properly and safely?  Yes  No

If yes, please explain.

St. Luke's is required to maintain proof of a tuberculosis skin test and a physical examination for all employees working with children. If employed can you provide the results of a tuberculosis skin test or will you submit to a test?  Yes  No

**AUTHORIZATION:**

I certify that all statements are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand that in the event of my employment with St. Luke's United Methodist Church, I will comply with all guidelines issued by the Church or any governing body. I understand that St. Luke's or I may terminate my employment at any time, regardless of my length of service, without cause or notice.

I authorize St. Luke's United Methodist Church to inquire as to my prior work and school record of any and all former employers and schools and to make any investigation of my personal history including police records. I hereby give my consent for any and all former employers and schools to make available to the Church such information as it may request and release all parties from all liability for any damage that may result from furnishing this information to St. Luke's.

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

It is the policy of St. Luke's United Methodist Church/Day School to afford equal opportunity to all persons regardless of race, color, sex, national origin, age, physical or mental disability unrelated to job performance, and any other characteristic protection by law.

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- For Office Use -

Application Reviewed:

Accepted  Rejected  Conditional Acceptance

Reason for Rejection / Conditional Acceptance: