



## APPLICATION FOR EMPLOYMENT

### Immanuel Lutheran Church

520 E. U.S. Hwy 41, Negaunee, Michigan 49866  
(906) 475-9161 ext. 203 + ParishAdmin@ImmanuelNegaunee.org

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Position applying for: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

What days and hours are you available to work? \_\_\_\_\_

Are you a member of Immanuel? Yes No Do you have any relatives that are members of Immanuel? Yes No

Are you currently working? Yes No Will you submit to a drug screening? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No  
(Note: Proof of citizenship or immigration status may be requested upon employment.)

Have you ever been fired? Yes No If Yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes No If Yes, please explain: \_\_\_\_\_

(Note: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.)

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? Yes No

#### EDUCATION

Name & Location of High School: \_\_\_\_\_

Graduate? Yes No If yes, year? \_\_\_\_\_

If no high school diploma, have you passed a high school equivalency or GED test? Yes No If yes, year? \_\_\_\_\_

#### TRAINING BEYOND HIGH SCHOOL

1) College, Seminary, or Technical: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Did you graduate? Yes No Certificate or Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

2) College, Seminary, or Technical: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Did you graduate? Yes No Certificate or Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

3) College, Seminary, or Technical: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
Did you graduate? Yes No Certificate or Degree: \_\_\_\_\_ Course of Study: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List below all present and past employment starting with your most recent employer.

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Title of Position: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Length of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Describe the Work You Did: \_\_\_\_\_  
Number and Types of Positions You Supervised: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes No If no, explain: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Title of Position: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Length of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Describe the Work You Did: \_\_\_\_\_  
Number and Types of Positions You Supervised: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes No If no, explain: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Title of Position: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Length of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Describe the Work You Did: \_\_\_\_\_  
Number and Types of Positions You Supervised: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes No If no, explain: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Title of Position: \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Length of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Describe the Work You Did: \_\_\_\_\_  
Number and Types of Positions You Supervised: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May we contact this employer? Yes No If no, explain: \_\_\_\_\_

*Add additional pages for previous employment, if necessary.*

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates or experience that pertain to the position for which you are applying:

List professional trade, business group memberships, offices held, and volunteer work:

Have you ever served in the Armed Forces? Yes No If so, what branch? \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Honorably Discharged? Yes No

**PERSONAL REFERENCES** *(Do not include friends or relatives)*

	NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.			
2.			
3.			

**WAIVERS AND ACKNOWLEDGMENTS**

1. I certify that the information provided herein is true and correct to the best of my knowledge.
2. I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have, including disclosure of any disciplinary reports (even if more than four years old), and release all parties from any liability for any damages that may result from furnishing same to you. I further authorize you to release such information when such information may be requested by any prospective or subsequent employers without the need to provide me any notice of such disclosure.
3. I understand that the use of this application does not indicate that there are positions available, nor does it imply or create an employment contract. I understand that the only employment contracts are those that have been reduced to writing and have been executed by both the employee and an authorized representative of Immanuel Lutheran Church.
4. If hired, I understand that my employment is at-will, and can be terminated at any time, with or without notice, for any reason at the option of either Immanuel Lutheran Church or me. Should Immanuel Lutheran Church hire me, I agree to observe all Immanuel Lutheran Church's employee policies, practices, and procedures currently in existence and new and revised ones that may be issued in the future.
5. I understand that any employment offer is conditional upon the result of the drug screening test, post offer pre-employment medical examination, and background investigation (when applicable based on the position sought).
6. I understand that if I have a physical, mental, or other impairment that would interfere with my ability to perform in a position but that may be accommodated by, for instance, the purchase of equipment or devices, the provision of readers or interpreters, or the restructuring or altering of work schedules, the Michigan Persons With Disabilities Civil Rights Act requires me to notify the Immanuel Lutheran Church Staff Support Committee in writing of need for accommodation within 182 days after I knew or should reasonably have known that the accommodation was needed.
7. I agree that any lawsuit against Immanuel Lutheran Church arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within six months of the event giving rise to claims or be forever barred. I waive any limitations period to the contrary. For circumstances in which the statutory period of limitation is less than six months, the statutory limit will supply.

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF EACH OF THE ABOVE SEVEN (7) INDIVIDUAL STATEMENTS, AS INDICATED ABOVE.

Applicant Signature

Date

**Upon completion of this job application, please save it to your device and submit it (along with your resume, if requested) to the Immanuel church office by either...**

- 1) **Emailing it as an attachment to [ParishAdmin@ImmanuelNegaunee.org](mailto:ParishAdmin@ImmanuelNegaunee.org), OR**
- 2) **Mailing it to: Laurie Gerst  
Immanuel Lutheran Church  
520 US Hwy 41 E  
Negaunee, MI 49866**