

Illinois Lutheran Schools, Inc.

Employment Application

Print clearly in black or blue ink. Answer all questions.

Name (Last, First, Middle) _____

Telephone No. (____) _____ Soc. Sec. # _____

Address (Number and Street, City, State, Zip Code) _____

Position Desired _____

Have you worked for this organization before? Yes ☐ No ☐

EDUCATION

Name and Address of High School _____

Graduation Date _____

Name and Address of College/University _____

Major _____ Degree/Diploma _____

Name and Address of Technical School _____

Major _____ Degree/Diploma _____

SPECIAL SKILLS AND QUALIFICATIONS

List job-related licenses, skills, training, honors, awards, and special accomplishments

EMPLOYMENT HISTORY

List most recent employment first

Employer: _____

Address: _____

From: _____ To: _____ Supervisor: _____

Telephone: _____ Position Title: _____

Duties: _____

Salary: _____ Reason for leaving: _____

Employer: _____

Address: _____

From: _____ To: _____ Supervisor: _____

Telephone: _____ Position Title: _____

Duties: _____

Salary: _____ Reason for leaving: _____

Employer: _____

Address: _____

From: _____ To: _____ Supervisor: _____

Telephone: _____ Position Title: _____

Duties: _____

Salary: _____ Reason for leaving: _____

May we contact your present employer? Yes ☐ No ☐

REFERENCES

EXCLUDE RELATIVES AND FORMER EMPLOYERS

1. Name/Title _____

Address and Phone No. _____

Occupation _____

2. Name/Title _____

Address and Phone No. _____

Occupation _____

3. Name/Title _____
Address and Phone No. _____
Occupation _____

Authorization and Release for Pre-Employment Background Investigation

Authorization and Waiver of Access

I authorize administration of Illinois Lutheran Schools, Inc. to conduct a pre-employment investigation into my background, and I authorize the release of information to the school in connection with that investigation. This investigation will include a State Police Background Check. I also authorize the investigation of all statements or information I provide in connection with my application for employment or any supplement to it.

Discharge and Release

In consideration of the review of this application by the administration of Illinois Lutheran Schools, Inc., I hereby discharge and release, without limitation, Illinois Lutheran Schools, Inc., its administration, faculty, and supporting congregations, as well as all providers of information from any liability and for any damages which may arise from the negligent release, receipt, or use of information in the course of this investigation. I agree that Illinois Lutheran Schools, Inc. shall not be held liable in any respect if my employment is suspended or terminated because of any omission, false answer, or false statement by me in connection with my application for employment or any supplement to it.

Certification

I certify that I have made true, correct, and complete answers and statements in connection with my application for employment and any supplement to it, in the knowledge that they may be relied upon in considering my application.

I understand that any omission, false answer, or false statement made by me in connection with my application for employment or any supplement to it will be grounds for refusal to employ me or for my suspension or discharge if employed.

I understand that agents of Illinois Lutheran Schools, Inc. may review any document relevant to my application and background investigation.

Applicant's Signature _____ Date _____