



# SHEBOYGAN LUTHERAN HIGH SCHOOL

PREPARING CHRISTIAN LEADERS - ONE STUDENT AT A TIME

## Application for Employment

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?  Yes  No

Have you ever worked or attended school under another name?  Yes  No

If yes, under what name? \_\_\_\_\_

Position desired: \_\_\_\_\_

### EDUCATION

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training, or special skills:          		

## WORK EXPERIENCE

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

<b>Employer #1:</b>		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name, Title, and Phone #:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
<b>Employer #2:</b>		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name, Title, and Phone #:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

## REFERENCES

Identify three persons who know your work, beginning with the most recent.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ # Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ # Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ # Years Known: \_\_\_\_\_

## AUTHORIZATION AND ACKNOWLEDGEMENTS

1. Have you ever been convicted of a felony or misdemeanor crime?  Yes  No
2. Are you on the Department of Human Services Child Abuse Registry?  Yes  No
3. Are you on a sex offender registry?  Yes  No
4. Will you consent to a background check?  Yes  No

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize Sheboygan Lutheran High School to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date