



**MILITARY SERVICE**

| Branch of service | From | To | Rank & Duties | Date Discharged |
|-------------------|------|----|---------------|-----------------|
|                   |      |    |               |                 |
|                   |      |    |               |                 |

Are you now enrolled in Military Reserve?                      Yes                      No

If yes, Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Location: \_\_\_\_\_ No. of years: \_\_\_\_\_

Do you operate an automobile?                      Yes                      No

Do you have any pending driving tickets? \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_ Ever expired or revoked: \_\_\_\_\_

Do you have auto insurance?                      Yes                      No

Has your auto insurance ever been cancelled or renewal refused?                      Yes                      No

Have you ever been convicted of a felony? \_\_\_\_\_

**FORMER EMPLOYERS** (List below last four employers, starting with last one first)

| Date, Month, and Year | Name and Address of Employer | Phone No. | Salary | Position | Reason for leaving |
|-----------------------|------------------------------|-----------|--------|----------|--------------------|
| From:                 |                              |           |        |          |                    |
| To:                   |                              |           |        |          |                    |
| From:                 |                              |           |        |          |                    |
| To:                   |                              |           |        |          |                    |
| From:                 |                              |           |        |          |                    |
| To:                   |                              |           |        |          |                    |
| From:                 |                              |           |        |          |                    |
| To:                   |                              |           |        |          |                    |

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**BACKGROUND**

What do you feel qualifies you to work at Bethany Lutheran Church? \_\_\_\_\_

Have you ever had to supervise other people? (This could be either school or work related.) Yes No

If Yes, when and how many people did you supervise? \_\_\_\_\_

**REFERENCES:** Give the names of three persons *not* related to you, whom you have known at least two years

| Name | Address | Phone No. | Business | Years Acquainted |
|------|---------|-----------|----------|------------------|
|      |         |           |          |                  |
|      |         |           |          |                  |
|      |         |           |          |                  |

In case of emergency notify: \_\_\_\_\_ (name) (address) (phone no.)

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION 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 AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND THAT A DRUG SCREENING AND BACKGROUND CHECK WILL BE PERFORMED BEFORE MY EMPLOYMENT AND BY SIGNING BELOW I GRANT CONSENT FOR BOTH.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Return to:  
Bethany Lutheran Church  
Attn: Pastor Dennis Meyer  
102 G Street  
LaPorte, IN 46350  
(219) 362-3312  
contact@bethanylaporte.org