

EMPLOYMENT APPLICATION

Cross of Hope Lutheran Elementary School
6104 Taylor Ranch Rd. NW
Albuquerque, NM 87120
(505) 897-1832

Applicant Instructions:

If you need help to fill out this form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. If more space is needed to complete any question, use comments section on page 3.
3. Print clearly; incomplete or illegible applications will not be processed.

Today's Date _____

Name _____

Social Security Number _____ DOB _____

Home Phone _____ Other Phone _____

E-mail _____

Current Address w/ Zip Code _____

If less than 7 years at Current Address, Give Prior Address, including Zip Code _____

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process, or if discovered after employment, terminating employment. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, marital status, political belief, or disability that does not prohibit performance of essential job functions. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review.

STATEMENT OF FAITH: Please attach to this application a separate piece of paper describing your a) relationship with the Lord and b) your faith walk. If there is room, you may also write your **STATEMENT OF FAITH** in the comments section on page 3.

REFERRED BY _____

CHURCH AFFILIATION _____

AVAILABILITY

For which position(s) are you applying? _____

What date can you start? _____

EDUCATION

As it relates to the job you are applying for please tell us about your education including degrees, classes, certification or licenses you may hold that are relevant to the job.

SECURITY

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

List states and countries of residence for the past seven years. _____

YES NO Have you used any names or Social Security Numbers other than those on this page? If so, please list on the back of this page.

YES NO Have you been convicted of a felony. If so, please describe below. (In accordance with company policy this information will be reviewed for job relatedness and time since last conviction.)

JOB RELATED SKILLS Note: Do not fill out any part of this section you believe to be non-job related.
List languages in which you are fluent. _____

YES NO If the job requires, do you have the appropriate valid driver's license?
DL# _____ State _____

Please list any other skills and/or areas of interest that may be job related or that you feel would be of value to this job. _____

YES NO Have you been given a copy of the job description?
YES NO Do you understand these requirements?
YES NO Can you perform the requirements of this job with or without reasonable accommodation?

EMPLOYMENT BACKGROUND

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct phone numbers are critical.

Most Recent Employer YES NO Are you currently working for this employer?
YES NO If yes, may we contact?

Company Name City State () Phone Number

Dates Employed Job Title Supervisor's Name

Duties

Salary Reason for Leaving

Second Most Recent Employer

Company Name City State () Phone Number

Dates Employed Job Title Supervisor's Name

Duties

Salary Reason for Leaving

Third Most Recent Employer

Company Name City State () Phone Number

Dates Employed Job Title Supervisor's Name

Duties

Salary Reason for Leaving

AUTHORIZATION FOR RELEASE OF INFORMATION
CONSUMER REPORT CONSENT (EMPLOYMENT)

I, _____, acknowledge that Cross of Hope Elementary School (COHES), with whom I am employed, or to whom I have submitted an employment application, has advised me that the information requested below concerning my background is required to assist COHES in making an employment determination. The information developed and this document also may be used in determining my qualifications for future assignments and/or retention.

I hereby authorize COHES, its agents, or designated representatives bearing this document, or a copy hereof, to obtain information relating to my educational, credit, employment, driving record and criminal history background from any law enforcement, criminal justice, or other government agencies, employers, ex-employers, and individual persons. Any and all agencies, organizations, institutions, governmental bodies, companies or individuals are released from any liability for providing this information.

Furthermore, I hereby release any individual of COHES to include, but, not limited to, record custodians, directors, agents, employees or any other authorized representatives of COHES from any and all liability for damages of whatever kind and nature, which may at any time accrue to me on account of (1) reliance by such persons on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempts to comply with, this authorization; and (4) termination of my employment, if commenced, based upon information developed pursuant to this authorization.

I hereby certify that all statements and answers set forth on my application are true and complete to the best of my knowledge, and I understand that subsequent to employment if any such statements and/or answers are found false or that information has been intentionally omitted, such false statements or omissions will be just cause for termination of my employment.

I hereby certify that I have read and understand the foregoing.

Printed Name: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

Last Address (if less than 7 years at current address: _____

Signature: _____ Date: _____