



Lutheran Heritage Foundation

51474 Romeo Plank Rd.
Macomb, MI 48042
info@LHFmissions.org
(800)554-0723

Employment Application Form

Applicant Information

LAST NAME		SSN	
FIRST NAME, M.I.		DATE OF BIRTH	
STREET ADDRESS		PHONE 1	
APT., SUITE, ETC.		PHONE 2	
CITY, STATE, ZIP		EMAIL	
DRIVER'S LICENSE NUMBER		POSITION APPLIED FOR	
DATE AVAILABLE		DATE APPLYING	

Are you a citizen of the U.S.? Y N

If no, are you authorized to work in the U.S.? Y N

Have you ever worked for this company? Y N

If yes, when? _____

Have you ever been convicted of a felony? Y N

If yes, explain: _____

Education

	NAME AND LOCATION	LAST YEAR COMPLETED	MAJOR/DEGREE EARNED
HIGH SCHOOL			
COLLEGE			
OTHER			

Previous Experience

EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY, STATE, ZIP		EMAIL	
POSITION HELD		RATE OF PAY	
REASON FOR LEAVING		MAY WE CONTACT?	Y <input type="checkbox"/> N <input type="checkbox"/>

Previous Experience, cont.

EMPLOYER NAME	START DATE
SUPERVISOR NAME	END DATE
STREET ADDRESS	PHONE
CITY, STATE, ZIP	EMAIL
POSITION HELD	RATE OF PAY
REASON FOR LEAVING	MAY WE CONTACT? Y <input type="checkbox"/> N <input type="checkbox"/>

EMPLOYER NAME	START DATE
SUPERVISOR NAME	END DATE
STREET ADDRESS	PHONE
CITY, STATE, ZIP	EMAIL
POSITION HELD	RATE OF PAY
REASON FOR LEAVING	MAY WE CONTACT? Y <input type="checkbox"/> N <input type="checkbox"/>

References

NAME	RELATIONSHIP
COMPANY	PHONE
STREET ADDRESS	CITY, STATE, ZIP

NAME	RELATIONSHIP
COMPANY	PHONE
STREET ADDRESS	CITY, STATE, ZIP

NAME	RELATIONSHIP
COMPANY	PHONE
STREET ADDRESS	CITY, STATE, ZIP

Military Service

BRANCH	FROM-TO
RANK AT DISCHARGE	TYPE OF DISCHARGE
IF OTHER THAN HONORABLE, PLEASE EXPLAIN	

Disclaimer and Signature

- *I certify that my answers are true and complete to the best of my knowledge.*
- *If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my release.*
- *I understand that if I am employed by LUTHERAN HERITAGE FOUNDATION, such employment will be of an "employee at will" basis, which means that I and LUTHERAN HERITAGE FOUNDATION are free to terminate employment at any time, with or without cause and with or without prior notice, except as may be required by law.*
- *I understand that LUTHERAN HERITAGE FOUNDATION may obtain information about my character, reputation, personal characteristics, criminal history, and financial responsibility in order to evaluate me as a prospective employee. I hereby authorize you to make inquiries of my previous employers, educational institutions, personal acquaintances and references about these matters through personal interviews or other means. Upon written request, additional information as to the nature and scope of the report will be provided.*

Signature: _____ Date: _____