## **Employment Application**



Trinity Lutheran Christian School | Ages 6 Weeks - 8th Grade

		_			
Date		Phone Number			
Name		Street Address			
E-mail Address		City / State / Zip			
		_			
I am applying for		(underline all that apply)	Full time wor	k Part tin	ne work
If applying for part	time work, how many hours per wee	ek will you work?			
l profes weeking wi	the children area	/ . I. P	C weeks to 20	? manualla	
i preier working wi	th children ages	(underline all that apply)	6 weeks to 30 3 to 6 years	o monuis	
			1 <sup>st</sup> to 6 <sup>th</sup> grad	۵	
			i to o grad	-	
I am available to s	tart work on	(date)			
		-			
My number in the	Oregon Child Care <i>Central Backgro</i>	und Registry	R		
	ar with the <i>Oregon Registry</i> , adminis	· · · · · · · · · · · · · · · · · · ·	nis next box b	ank.	
vvnat Step nave yo	ou achieved in the Oregon Registry?	′ (0–12) <sub>[</sub>			
Education and Ex	rnarianca				
		011-101-1-		112/	0
Link Cabaal(a)	School Name	City / State		#Years	Graduate?
High School(s)					
	School Name	City / State	Major	#Years	Graduate?
College(s)					
	Sponsoring Organization Name	City / State	Тор	ics	# Hours
Community-	1 3 3	,			
Based Training					
	<u></u>				
	Description	City / State	Hours per Wo	eek	Dates
Experience					
Working with					
Ola Halmana				I	
Children					

Employment History				
Employer or Organization	Position	Location	Phone Number	Dates
Description of Duties:				
E 1 (11) (				
Employment History	- W			
Employer or Organization	Position	Location	Phone Number	Dates
Description of Duties:				
Description of Duties.				
Employment History				
Employer or Organization	Position	Location	Phone Number	Dates
Description of Duties:				
Employment History				
Employer or Organization	Position	Location	Phone Number	Dates
Description of Duties:				
Description of Duties.				
<b>Employment Objective</b>				
Please explain your				
interest in working at Trinity				
Early Learning Center.				

Spiritual Background			
Tell us about your spiritual life and/or personal relationship with God.			
Church (if applicable):			
Describe your current and past ministry/service involvement:			
	er shares the mission of Trinity Lutheran Community of forgiven sinners sharing the unco		
	we know that we're not there yet. But this stat with guidance, with a measuring stick, with wh		
our God "who desires everyor Cully neighborhood in which to the church in Corinth, com limbs of the human body, wh diversity of our community ar	Christians, we strive to take seriously the missine to be saved and to come to the knowledge we live is the most ethnically diverse part of Pared the diversity of the Church's spiritual gifich exists "for the common good". In the same and seek to reflect that diversity in our members e within the shadow of the cross of Christ.	of the truth." (1Timothy 2:4) The ortland. The Apostle Paul, in writing its to the diversity of the organs and way, we at Trinity value the	
because "that's the way we'v	t" By "vibrant" we mean that we aren't simple always done it." What we do is always tied to us out, but to be constantly reaching out to ot	o our mission. As such, we prefer,	
body of believers and as indi be followers of One who calls	t community of forgiven sinners" We are viduals, we know that we have said and done is us to love others as he has first loved us. Ye have done, but because of God's gracious love	things which belie our profession to twe are also forgiven sinners, not	
"Trinity is a diverse, vibrant community of forgiven sinners sharing the unconditional love of Jesus with all." As Lutherans, we see the good news of that forgiveness as the very heart, the center of our identity as God's people. It's because that unconditional, forgiving love which God has first shown to us is such good news, we want to share it with others who may not know it.			
Do you accept and respect the	ne mission of Trinity Lutheran Church?	Yes No	
If no, please explain:			

Ministry Reference	
Name	
Position	
Church Name	
Mailing Address	
Telephone Number	
E-Mail Address	
<b>Professional Reference #1</b>	
Name	
Position	
Company or Organization	
Mailing Address	
Telephone Number	
E-Mail Address	
Professional Reference #2	
Name	
Position	
Company or Organization	
Mailing Address	
Telephone Number	
E-Mail Address	
'	
Permission to Contact Refe	erences
	arly Learning Center to contact my references
	background checks related to my
employment at TELC	(underline) Yes No

By signing below, I attest the facts set forth in my application for employment are true and complete. I understand that if employed, false statements on my application shall be considered sufficient cause for dismissal. Trinity Early Learning Center and Trinity Lutheran School and Church are hereby authorized to make any investigation on my personal history through any investigative agencies or bureaus of our choice in compliance with applicable laws or statutes.

I understand that employment at this organization is "at will", and includes no guarantee, contract or promise of employment for any specified length of time. I further understand that a criminal record check may be conducted on me after a job offer, and I consent to any such check.

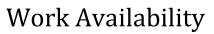
I authorize the use of any information in this application and any attached supplements to verify my statements, and I authorize the past employers, schools, churches, all references, and any other persons or

organizations, whether or not identified in this application, to answer all
questions asked concerning my ability, character, reputation and previous
employment record. I release all such persons from any and all liability or
damages on account of having furnished such information.

Typed Signature of Applicant	(may be initialed at the beginning of an interview)	Date	

Trinity Early Learning Center is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion, age, national or ethnic origin, disability, marital status or veteran status. Trinity is a smoke-free environment and prohibits smoking in all facilities. Trinity is a drug-free workplace.

The US Department of Agriculture (USDA) and the State of Oregon prohibit discrimination in all USDA programs and activities on the basis or race, color, national origin, sex, religion, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue SW, Washington, DC 202050 or call 2020-720-5864 or 1-888-271-5983 extension 516 (toll free). USDA and the State or Oregon are equal opportunity providers and employers.





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Name:			—	ANDON   Ages o Weeks - our or
My Position	Lead Teacher	Assistant Teache	er	
	Substitute Teacher	Substitute Assist	ant Teacher	
Classroom Prefe	erence (please rank with	numbers 1–4 in order	of child age preference	<b>:</b> )
	Infants	Toddlers		
	Preschool	Jr. Kindergarten		
Date change will	I be effective (if not imm	nediately upon hire):		
We will create a s	ours and ALL days you ar schedule that meets our s iring TELC operating hou	hift needs and your a		
	In	Out	In	Out
Monday	AM/ PM	AM/ PM	AM/ PM	AM/ PM
Tuesday	AM/ PM	AM/ PM	AM/ PM	AM/ PM
Wednesday	AM/ PM	AM/ PM	AM/ PM	AM/ PM
Thursday	AM/ PM	AM/ PM	AM/ PM	AM/ PM
Friday	AM/ PM	AM/ PM	AM/ PM	AM/ PM
•	e of Hours to work per water ial considerations or prefe	,	tween & h	ours per week
•	esent my total availability my actual schedule will b		C's staffing needs.	
Applicant's Signa	ture		Date	
For office use				
Recorde	d in Procare	Schedule	Log Sheet	
Executive Dire	ctor		 Date	