Employment Application



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

| Date Name | | Phone Number Street Address | | | |
|--|---|--------------------------------|--|--------|-----------|
| E-mail Address | | City / State / Zip | | | |
| | time work, how many hours per we | | Full time work | Part t | ime work |
| I prefer working wi | th children ages | (check all that apply) | 6 weeks to 36 3 to 6 years 1st to 6th grad | | |
| I am available to st | art work on | (date) | | | |
| My number in the 0 | Oregon Child Care Central Backgro | ound Registry | R | | |
| • | ar with the <i>Oregon Registry</i> , adminis ou achieved in the Oregon Registry? | | his next box bl | ank. | |
| Education and Ex | perience | | | | |
| | School Name | City / State | | #Years | Graduate? |
| High School(s) | | | | | |
| | | | | | |
| | School Name | City / State | Major | #Years | Graduate? |
| College(s) | | | | | |
| | | | | | |
| | | | | | |
| | Sponsoring Organization Name | City / State | Торі | ics | # Hours |
| Community- Based Training | | | | | |
| | | | | | |
| | Description | City / State | Hours per We | eek | Dates |
| Experience Working with Children | | | | | |

| Employment History | | | | |
|---|----------|----------|--------------|-------|
| Employer or Organization | Position | Location | Phone Number | Dates |
| | | | | |
| Description of Duties: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Employment History | | | | |
| Employment History | Position | Location | Phone Number | Dates |
| Employer or Organization | Position | Location | Phone Number | Dates |
| Description of Duties: | | | | |
| Boothphon of Bullot. | | | | |
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| | | | | |
| Employment History | | | | |
| Employer or Organization | Position | Location | Phone Number | Dates |
| | | | | |
| Description of Duties: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Employment History | | | | |
| Employment History | Position | Location | Dhana Numbar | Dates |
| Employer or Organization | Position | Location | Phone Number | Dates |
| Description of Duties: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Employment Objective | | | | |
| Please explain your | | | | |
| interest in working at Trinity Early Learning Center. | | | | |
| Lany Loanning Conton. | | | | |
| | | | | |

| 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 Cl | |
| | we know that we're not there yet. But this state with guidance, with a measuring stick, with whi | |
| 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 missione to be saved and to come to the knowledge we live is the most ethnically diverse part of Popared the diversity of the Church's spiritual gift ich exists "for the common good". In the same and seek to reflect that diversity in our membershe within the shadow of the cross of Christ. | of the truth." (1Timothy 2:4) The ortland. The Apostle Paul, in writing s to the diversity of the organs and way, we at Trinity value the |
| because "that's the way we'v | ot" By "vibrant" we mean that we aren't simply e always done it." What we do is always tied to us out, but to be constantly reaching out to other. | our mission. As such, we prefer, |
| body of believers and as indi be followers of One who calls | at community of forgiven sinners" We are viduals, we know that we have said and done to us to love others as he has first loved us. Yet have done, but because of God's gracious love | hings which belie our profession to we are also forgiven sinners, not |
| with all." As Lutherans, we sas God's people. It's because | at community of forgiven sinners sharing the see the good news of that forgiveness as the ve e that unconditional, forgiving love which God h h others who may not know it. | ery heart, the center of our identity |
| 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 | |
| ı | |
| Professional Reference #1 | |
| 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 |
| and complete any necessary | farly Learning Center to contact my references background checks related to my(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.

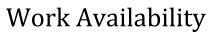
I authorize the use of any information in this application and any attached supplements to verify my statements, and I authorize the past employers, schools, churches, all references, and any other persons or

| 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) | ı | 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, 14th 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.





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

| Name: | | | - | Shoot Ages o Weeks - our C |
|--|--|--|-------------------------|------------------------------|
| My Position | Lead Teacher | Assistant Teacher | | |
| | Substitute Teacher | Substitute Assista | nt Teacher | |
| Classroom Prefe | erence (please rank with | numbers 1–4 in order | of child age preference | !) |
| | Infants | Toddlers | | |
| | Preschool | Jr. Kindergarten | | |
| Date change will | I be effective (if not imr | nediately upon hire): | | |
| Please list ALL ho We will create a s | ours and ALL days you a schedule that meets our s iring TELC operating hou | re available to work. shift needs and your av | | |
| | 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 votal considerations or pref | • | ween & h | ours per week |
| | esent my total availability my actual schedule will l | | c's staffing needs. | |
| Applicant's Signa | ture | | Date | |
| For office use | | | | |
| Recorde | d in Procare | _Schedule | Log Sheet | |
| Executive Dire | ctor | | Date | |