

APPLICATION FOR THE POSITION OF DIRECTOR FOR COMMUNITY LUTHERAN PARTNERS, INC.

(Please Print or Type)

We appreciate your interest in Community Lutheran Partners, Inc. and assure you that we are sincerely interested in your qualifications for the position of Director in alignment with the job description.

The organization is an equal opportunity employer and performs all phases of personnel activity without regard to race, color, religion, sex, gender, age, sexual orientation, disability, marital status, politics or national origin.

By submitting this application, you agree to our performing a background check and credit history.

Position Title: Director for Community Lutheran Partners, Inc.

Name _____
Last, First, Middle, (Maiden)

Present Address _____
Street City State Zip

Mailing Address _____
(if different) Street City State Zip

Email address: _____ Phone (____) _____

Date of Birth: _____

Other or former names, if any: _____

How long have you lived at your present address? _____

Previous Address _____
Street City State Zip

How long did you live there? _____

Have you ever pled "No Contest" to or been convicted of a felony or first-degree misdemeanor? _____

If yes, explain fully. Conviction will not necessarily disqualify an applicant from employment, but will be weighed on its own merit with respect to time, circumstances, seriousness and the position for which you have applied.

If your application is considered favorably, on what date will you be available for work? _____

Based on the Director Job Description, describe the job-related skills you possess. Please also include any other special skills and experience you feel potentially relevant. (Add additional sheet, if necessary)

Do you possess a valid driver's license? Yes ____ No ____ Issued by what state? _____

Do you have and are you willing to use your your own vehicle for travel? Yes ____ No ____

Do you have and will you maintain vehicle insurance? Yes ____ No ____

EDUCATION

SCHOOL	NAME & LOCATION	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	YEAR	LIST DEGREE OR DIPLOMA and AREA OF STUDY, AS APPLICABLE
High School		1 2 3 4	Y / N		
College		1 2 3 4	Y / N		
Other					
Other					

CERTIFICATION or PROFESSIONAL LICENSES	CERTIFICATION / LICENSE NUMBER	TYPE	EXPIRATION DATE

PERSONAL REFERENCES (no former employers or relatives)

NAME & OCCUPATION	
ADDRESS (CITY & STATE)	
DAYTIME PHONE	
NAME & OCCUPATION	
ADDRESS (CITY & STATE)	
DAYTIME PHONE	

EMPLOYMENT HISTORY

Please list all employment past and present including volunteer experience (temporary and part time). Account for all periods, including unemployment and service in the armed forces. If you were employed under a different name, please enter the name in the right-hand margin.

BEGIN WITH YOUR MOST RECENT OR PRESENT EMPLOYER

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name: <hr/> Address: <hr/> Immediate Supervisor: <hr/> Phone with area code: <hr/>	From: To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name: <hr/> Address: <hr/> Immediate Supervisor: <hr/> Phone with area code: <hr/>	From: To:			

NAME & ADDRESS OF COMPANY	DATES OF EMPLOYMENT	DESCRIBE THE WORK YOU DID	LAST SALARY	REASON FOR LEAVING
Name: _____ Address: _____ Immediate Supervisor: _____ Phone with area code: _____	From: To:			

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Name: _____ Address: _____ Immediate Supervisor: _____ Phone with area code: _____	From: To:			

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Name: _____ Address: _____ Immediate Supervisor: _____ Phone with area code: _____	From: To:			

May we contact all the employers listed above? _____

If we may not contact all employers listed, please indicate by name which one(s) you do not wish us to contact and why:

The facts set forth in this application for employment are true and correct. I understand that if employed, false statements on the application shall be considered sufficient cause for dismissal.

Applicant's Signature

Date

Applications should be submitted to Rev. Randy Richardson, Board President, Community Lutheran Partners, via email at revdolfesq@gmail.com or via mail at 1600 Kanawha Boulevard East, Charleston, West Virginia 25311.

For questions or additional needs, please contact Rev. Randy Richardson at 304-280-9392 or revdolfesq@gmail.com