

St. John Evangelical Lutheran Church

Application for Employment

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Position Applied for: _____ Today's date ____/____/____

Your Name	Social Security Number
Street Address	City/State/Zip
Home Phone Number	Cell Phone
Email Address	Alt. Email
Previous Address (if less than 5 years at current address)	Previous City/State/Zip

Education and Training

Indicate most recent level completed: High School College or University Graduate School

HS Name, Tech School or College/University Name	City/State	Type of Degree	Month/Year Degree Awarded

Additional education, vocational or any military service that should be noted:

Employment History *(Please list most recent employer first)*

1. Company Name _____ Street Address _____

City _____ State _____ Zip _____ May we contact? Yes No

Initial Job Title _____ Final Job Title _____

Super visor Name & Title _____

Reason for Leaving _____ Start Date _____ End Date _____

Your Name (if different) _____ Initial Pay Rate _____ Ending Pay Rate _____

Job Duties:

2. Company Name _____ Street Address _____
City _____ State _____ Zip _____ May we contact? Yes No
Initial Job Title _____ Final Job Title _____
Super visor Name & Title _____
Reason for Leaving _____ Start Date _____ End Date _____
Your Name (if different) _____ Initial Pay Rate _____ Ending Pay Rate _____
Job Duties:

3. Company Name _____ Street Address _____
City _____ State _____ Zip _____ May we contact? Yes No
Initial Job Title _____ Final Job Title _____
Super visor Name & Title _____
Reason for Leaving _____ Start Date _____ End Date _____
Your Name (if different) _____ Initial Pay Rate _____ Ending Pay Rate _____
Job Duties:

4. Company Name _____ Street Address _____
City _____ State _____ Zip _____ May we contact? Yes No
Initial Job Title _____ Final Job Title _____
Super visor Name & Title _____
Reason for Leaving _____ Start Date _____ End Date _____
Your Name (if different) _____ Initial Pay Rate _____ Ending Pay Rate _____
Job Duties:

(Please attach additional pages if more space is needed for employment history.)

Are you a United States citizen and would you be able to provide the necessary documents of proof of the legal right to work upon hire? Yes No
Are you under 18 years old? Yes No
Have you ever been convicted of a felony? Yes No
If yes, indicate date, place, and outcome: _____
Which job status would you accept? Full Time Part Time (specify hours) _____
Which job status would you accept? Salary Hourly

Can you perform the functions of this position with or without reasonable accommodation? Yes No

When are you available to begin work? _____ Month _____ Day _____ Year

References

Please provide three names and contact information for people who know about your qualifications and are not related to you.

Name	Address	Phone	Professional Relationship

Certification

Each application requires a current date and an original signature.

I hereby certify that all entries on these three pages are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of St. John Evangelical Lutheran Church. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employees and educational institutions listed being contacted regarding this application. I further authorize St. John Evangelical Lutheran Church to rely upon and use, as it sees fit, any information received from such contacts.

Applicant Signature: _____ Date _____