

BETHESDA LUTHERAN CHURCH AND SCHOOL APPLICATION FOR EMPLOYMENT

Instructions to Applicant:

Date: _____

Fill out both sides completely using ink.
Please print.

Social Security Number: _____

Caution to Applicant: Please be accurate in filling out this form because misinformation is justification for removal from service.

Are you between the age of 18 and 70? _____

Are you a US Citizen? _____

PERSONAL INFORMATION

Name: _____ Phone Number: _____

Present Address: _____
Street Address
 _____ Lived Here Since: _____
City State Zip

Previous Address: _____
Street Address
 _____ Period Lived There: _____
City State Zip

In case of emergency please notify: _____
Name and relationship Address Phone

Do you have a physical, mental or medical disability? _____ If yes, please explain: _____

Have you ever been convicted of a crime? _____ If so, please give details: _____

Do you have a valid driver's license? _____ License Number? _____

EDUCATION AND TRAINING

School Name and Location	Major	Dates		Years Completed	Diploma / Degree Certificate
		From	To		
High School					
College					
Vocational					
Other					

EMPLOYMENT HISTORY

Present or last employer: _____ Address: _____

Kind of work you did: _____ Your Supervisor: _____

Dates Employed: From: _____ To: _____ Starting Rate \$ _____ Leaving Rate \$ _____

Reason for leaving: _____

Next previous employer: _____ Address: _____

Kind of work you did: _____ Your Supervisor: _____

Dates Employed: From: _____ To: _____ Starting Rate \$ _____ Leaving Rate \$ _____

Reason for leaving: _____

Next previous employer: _____ Address: _____

Kind of work you did: _____ Your Supervisor: _____

Dates Employed: From: _____ To: _____ Starting Rate \$ _____ Leaving Rate \$ _____

Reason for leaving: _____

REFERENCES

(Give names of three people you have known for at least three years - other than relatives or former employers)

NAME	ADDRESS	RELATIONSHIP	PHONE

Qualifications

NOTE TO APPLICANT: This application will be kept on file for a period of six months only unless you renew it by making a personal contact with us within six months.

I hereby certify that the above statements are correct and in my own handwriting.

Applicant's Signature: _____ Date: _____