

Faith Lutheran Church APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR

Position Title	Date	
----------------	------	--

PERSONAL INFORMATION

Name (Last, First, Middle Initial)			
Address (Street, City, State, Zip Code)			
Home Phone #	Cell Phone #	Work Phone #	E-mail Address
Name of someone who knows how to contact you if your address changes		Contact's Phone #	Contact's E-mail Address
How did you find out about this job opening? <input type="checkbox"/> Web Page (identify) _____ <input type="checkbox"/> Newspaper/Journal Ad (identify) _____ <input type="checkbox"/> Referral <input type="checkbox"/> Job Service/CPPC <input type="checkbox"/> Other (Please Explain)			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			
Are you able to safely move/lift up to 60 lbs.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Minimum Acceptable Salary?		Date Available for Employment?	

EDUCATION – List most recent first (Use supplemental sheet if necessary)

Name of College or University	Advisor	Date Attended From To	Type of Degree	Major / Hours	Year Earned
Hours beyond last degree		Subject Concentration			

PROFESSIONAL & COMMUNITY INVOLVEMENT – List most relevant (Use supplemental sheet if necessary)

Name of Organization	Position or Type of Activity	Duration of Involvement From To	Awards/ Recognition Received	Reason for Ending Involvement

EMPLOYMENT HISTORY – List all employment including military and volunteer service **starting with the most current position held**. Show employment history for at least 10 years or from the time you left school. Explain gaps in employment history. You may attach a resume, **but you must complete the employment section**. This information will be used in **reference** checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			
Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			
Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			
Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			

REFERENCES – At minimum, list current supervisor and/or academic advisor and two professional/academic references. In addition to work references indicated in the employment history section, the following references may be contacted.

Name	Type of Reference	Occupation & Company	Address (Street, City, State, Zip)	Telephone and E-Mail Address

In the box below, please briefly indicate other information about your professional or academic background and career goals which could be pertinent to an employment decision.

PLEASE READ CAREFULLY AND SIGN - I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. In making this application, I authorize you to contact my personal references listed above.

Applicant's Signature _____ Date _____