

ST. MARK EVANGELICAL LUTHERAN CHURCH APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Date _____

Name _____

Address _____

E-mail Address _____

Home Phone # _____

Mobile Phone # _____

Are you eligible to work in the U.S? Yes or No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details _____

Can you work weekday mornings? Yes No

Can you work weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? Yes No

If yes, may we inquire of your present employer? Yes No

REFERRAL SOURCE

How did you hear about us? Walk In ___ Advertisement Referral Other

Have you ever worked for St. Mark Lutheran before? Yes No Explain _____

Do you know anyone who works for our company? Yes No

If yes, who? _____

EDUCATION	Name and Location of school	# of yrs. Attended	Degree Received	Subjects Studied/Major.
High School	_____			
College/University	_____			
Trade School	_____			

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration. Use additional pages if necessary*

From _____ To _____ Employer Name _____
Job Title _____ Telephone _____ Address _____
Supervisor & Title _____
Summarize the nature of work performed and responsibilities _____

From _____ To _____ Employer Name _____
Job Title _____ Telephone _____ Address _____
Supervisor & Title _____
Summarize the nature of work performed and responsibilities _____

From _____ To _____ Employer Name _____
Job Title _____ Telephone _____ Address _____
Supervisor & Title _____
Summarize the nature of work performed and responsibilities _____

SKILLS

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? Yes No If yes, explain. _____
Computer Skills? Yes No If yes, explain _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

	Name	Address	Phone	Email	Years Acquainted
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please read carefully before signing.

St. Mark Evangelical Lutheran Church is an equal opportunity employer. St. Mark Evangelical Lutheran Church does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for St. Mark Evangelical Lutheran Church to hire me. If I am hired, I understand that either St. Mark Evangelical Lutheran Church or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of St. Mark Evangelical Lutheran Church has the authority to make any assurance to the contrary.

I attest with my signature below that I have given St. Mark Evangelical Lutheran Church true and complete information on this application. No requested information has been concealed. I authorize St. Mark Evangelical Lutheran Church to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.