

AN EQUAL OPPORTUNITY EMPLOYER

## 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? \_\_\_\_\_

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### 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? \_\_\_\_\_

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### 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: \_\_\_\_\_

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Next previous employer: \_\_\_\_\_ Address: \_\_\_\_\_

Kind of work you did: \_\_\_\_\_ Your Supervisor: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

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Next previous employer: \_\_\_\_\_ Address: \_\_\_\_\_

Kind of work you did: \_\_\_\_\_ Your Supervisor: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

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## REFERENCES

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

NAME	ADDRESS	RELATIONSHIP	PHONE

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## Qualifications

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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: \_\_\_\_\_