

TRINITY LUTHERAN CHURCH

Employment Application

APPLICANT INFORMATION											
Last Name				First				M.I.	Date		
Address								Apartment/Unit #			
City				State				ZIP			
Phone				E-mail Address							
Date Available				Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for Trinity Lutheran Church?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
EDUCATION											
High School				Address							
Years Attended			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
College				Address							
Years Attended			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course or Major					
Post Graduate				Address							
Years Attended			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course or Major					
Business				Address							
Years Attended			Did you graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Seminary				Address							
Years Attended			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course or Major					
Other				Address							
Years Attended			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course or Major					
REFERENCES											
Full Name					Relationship						
Occupation					Phone	()					
Full Name					Relationship						
Occupation					Phone	()					
Full Name					Relationship						
Occupation					Phone	()					

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PREVIOUS EMPLOYMENT		
Company	Phone ()	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date