Roseville Lutheran Church

Employment Application

PLEASE PRINT (MUST sign this form or application will not be reviewed)

Applicant Information									
Full Name:					Date:				
Address:	Last	ast First							
, iddi 000.	Street Address		Apartment/Unit #						
-	City			State	Z	IP Code			
Phone: _() E-mail Address:									
Date Available: Social Security No.:				Desired Salary: _\$					
Position Applied for:									
Are you a c	itizen of the United Stat	es? YES NO YES NO	If no, are you au	no, are you authorized to work in the U.S.?					
Have you ever worked for this church?									
Have you ever been convicted of a felony?									
If yes, explain:									
Education									
High Schoo	ol:	Address:							
From:		Did you graduate?	YES NO	Degree:					
College:		Address:							
From:	To:	Did you graduate?	YES NO	Degree:					
Other:		Address:							
From:		Did you graduate?	YES NO	Degree:					
		Refe	erences						
Please list three professional references (not your relatives)									
Full Name:			Relationship: _						
Company:				_ Phone:	()				
Address: _									
Full Name:			Relationship: _						
Company:				_ Phone:	()				
Address: _									
			Relationship: _	elationship:					
Company:				Phone:	()				
Address: _									

Previous Employment								
Company:	Phone: ()						
Address:	Supervis	sor:						
Job Title: Starting Salary: \$		Ending Salary: _\$						
Responsibilities:								
From: To: Reason for Leaving:								
May we contact your previous supervisor for a reference?	NO							
Company:	Phone: ()						
Address:	Supervis	sor:						
Job Title: Starting Salary: \$		Ending Salary: _\$						
Responsibilities:								
From: To: Reason for Leaving:								
May we contact your previous supervisor for a reference?	NO							
Company:	Phone: ()						
Address:	Supervis	sor:						
Job Title: Starting Salary: \$		Ending Salary: _\$						
Responsibilities:								
From: To: Reason for Leaving:								
May we contact your previous supervisor for a reference?	NO							
Military Service								
Branch:	From:	To:						
Rank at Discharge: Type of	scharge: Type of Discharge:							
If other than honorable, explain:								
Disclaimer and Sigr	ature							
I certify that my answers are true and complete to the best of my knowledge.								
I understand that prior to an offer of employment I must be willing to submit to a background screening.								
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:						