

APPLICATION FOR EMPLOYMENT ST. JAMES LUTHERAN MINISTRIES

Date: ____/____/____

Name: _____ SSN: ____-____-____

Present Address: _____ Phone: () ____-____

City: _____ State: _____ Zip: _____

Place of Birth: _____

Church Membership (if any): _____

(Congregation) (Denomination)

EDUCATION

Name & Location	No. Years Attended	Course of Study General	Special	Year Graduated	Degree(s) Held
Elementary					
High School					
Night School					
College or Univ.					
Tech. School					

List below any special courses or workshops taken to better qualify you for this position:

Do you have any experience with: Typing Computer Data Entry Other (Please list) _____

EXPERIENCE (Please list former places of employment, length of time employed at each, and reason for leaving.)

Place of Employment & Phone Number	Length	Reason for Leaving

May we contact the employees listed above? Yes No

If not, indicate which one(s) you do not wish us to contact: _____

FAMILY (Please give names and ages or birth dates)

Name	Age	Name	Age

Signature of Applicant