

Application for Employment

ST. JAMES LUTHERAN MINISTRIES

Date: ____/____/____

Name: _____ SSN: ____ - ____ - ____

Present Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: (____) _____ - _____

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:

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: _____

References

Name Phone Number Relationship/How they know you

Consent to background check: Yes No

Signature of Applicant and date