

APPLICATION FOR EMPLOYMENT

**ZION LUTHERAN CHURCH
709 SIXTH STREET
WAUSAU, WISCONSIN 54403-4791**

Date of Application _____

Position(s) Applied For _____

Referral Source: _____ Advertisement Name of Source _____

_____ Friend _____ Relative _____ Parishioner _____ Placement Office

I. PERSONAL

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone (____) _____ Social Security Number _____

Have you ever been known by a different name? _____ Yes _____ No

If so indicate name _____

Church Affiliation _____

Have you filed an application here before? _____ Yes _____ No If Yes, give date _____

Have you ever been employed here? _____ Yes _____ No If Yes, give date _____

Are you employed now? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you authorized to work in the United States? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No If so, when? _____

Type of felony _____

On what date would you be available for work? _____

II. PREVIOUS PAID EXPERIENCE

We will carefully review your previous experience to determine your qualifications for this position. Be specific in your responses.

List present or most recent position first, then next recent, etc. (include all part-time jobs and any military experience.)

A. Employer's Name:				
Address: Street	City	State	ZIP Code	Phone Number
Job Title:		Supervisor's name and title:		
Dates From: Mo/Yr	To:	Total Time worked: Years	Months	Hours Per Week:
Describe duties:				
				No. of employees you supervised:
Reason for leaving:				May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Employer's Name:				
Address: Street	City	State	ZIP Code	Phone Number
Job Title:		Supervisor's name and title:		
Dates From: Mo/Yr	To:	Total Time worked: Years	Months	Hours Per Week:
Describe duties:				
				No. of employees you supervised:
Reason for leaving:				May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. Employer's Name:				
Address: Street	City	State	ZIP Code	Phone Number
Job Title:		Supervisor's name and title:		
Dates From: Mo/Yr	To:	Total Time worked: Years	Months	Hours Per Week:
Describe duties:				
				No. of employees you supervised:
Reason for leaving:				May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

D. Employer's Name:				
Address: Street	City	State	ZIP Code	Phone Number
Job Title:		Supervisor's name and title:		
Dates From: Mo/Yr	To:	Total Time worked: Years	Months	Hours Per Week:
Describe duties:				
				No. of employees you supervised:
Reason for leaving:				May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

ALL OTHER EMPLOYMENT NOT SHOWN ABOVE MUST BE PROVIDED ON A SEPARATE SHEET.

III. EDUCATION

School	Name & Address of Institution	Major Course Of Study	Circle Last Year Completed	Did You Graduate?	Year Graduated	List Diploma or Degree
HIGH SCHOOL OR G.E.D.	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
VOCATIONAL TECHNICAL BUSINESS SCHOOL	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
COLLEGE (Undergraduate)	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
COLLEGE (Graduate)	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
	Name		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	City, State					
Additional related courses/training beyond studies listed above:						
Professional licenses/certifications:						
Type		State		Exp. Date	Registration Number	

IV. REFERENCES Please list references (not relatives or supervisors) to contact who have knowledge of your qualifications.

Name	Title/Occupation	Company/Address	Telephone #

READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I authorize you, at the time of my application for employment or during the course of my employment, to obtain from any source regarding my education, experience, competence, or character or medical history, as it relates to the position for which I applied for in which I may be employed unless otherwise stated. I certify that the information included in this application, my resume, or any other application materials submitted is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or no further consideration. I agree that all statements made in this application, my resume, or any other application materials submitted, may be investigated.

Signature

Date

THANK YOU FOR YOUR INTEREST IN ZION LUTHERAN CHURCH/SCHOOL EMPLOYMENT.