



# Vernon Evangelical Lutheran Church Job Application Form

Instructions: Print clearly in black or blue ink. Please answer all questions and sign and date the form.

## PERSONAL INFORMATION:

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Driver's license or WI ID # \_\_\_\_\_ m

Street Address  
\_\_\_\_\_

City, State, Zip Code  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ m

Are you eligible to work in the United States?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Birthdate: \_\_\_\_\_ If you are under age 18, do you have an employment/age certificate?  
Yes \_\_\_ No \_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## POSITION/AVAILABILITY:

Position Applied For  
\_\_\_\_\_

Days/Hours Available  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_



What date are you available to start work?

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**EDUCATION:**

Name and Address of School - Degree/Diploma - Graduation Date

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Skills and Qualifications: Licenses, Skills, Training, Awards

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**EMPLOYMENT HISTORY:**

Present Or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May We Contact Your Present Employer?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Name/Title Address Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future, if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_