

LORD OF LIFE LUTHERAN CHURCH

1143 N. 26th Street
 Bismarck, North Dakota 58501
 Phone: 701-223-2986

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION								
Last Name	First name	Middle Initial	Social Security Number					
Present Address/Box	City	State	Zip Code					
Permanent Address/Box	City	State	Zip Code					
Telephone Number	Driver's License?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Class					
GENERAL INFORMATION								
Position Applying for (be specific):	Date you can start:				Salary or wage expected:			
Check if you are willing to accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Permanent <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Please fill in the times you are available for work each day:							
	Hours available	Sun	Mon	Tues	Wed	Thu	Fri	Sat
	From							
	To							
EDUCATION/TRAINING								
Place an "X" in front of the highest grade completed:								
<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18								
Name of School	Course of Study			Degree, Certificate, Occupational License				
Subjects of special study or research work:								
Special skills/abilities/license(s)/equipment/software operated:								
List any other qualifications which should be considered:								
MILITARY INFORMATION								
Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Branch:						
Dates of Service:	From:					To:		

Are you presently employed? Yes No If yes, may we contact your present employer? Yes No

PLEASE COMPLETE THE WORK HISTORY SECTION STARTING WITH YOUR PRESENT OR MOST RECENT JOB.

Company:				City:				State:							
Job title:				Hours worked per week:											
List specific tasks completed on the job:				Machines/Equipment you have operated:											
Date Started				Date Ended				Wage:				Reason for leaving:			
								\$ _____		Per _____					
Month		Year		Month		Year									

Company:				City:				State:							
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List specific tasks completed on the job:				Machines/Equipment you have operated:											
Date Started				Date Ended				Wage:				Reason for leaving:			
								\$ _____		Per _____					
Month		Year		Month		Year									

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Date Started				Date Ended				Wage:				Reason for leaving:			
								\$ _____		Per _____					
Month		Year		Month		Year									

REFERENCES: Please list below three individuals who are not related to you and are not previous employers.

Name:			Address:			Telephone Number		

DATE: _____ SIGNATURE OF APPLICANT _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Interviewed by:		Date:		Hired? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Position:		Salary:		Starting Date:	
Interviewer's Comments:					