## St. John's Lutheran Church 111 2<sup>nd</sup> Ave NE Stewartville, MN 55976

## **Employment Application**

		Applicant In	nforma	ation			
Full Name:					Date:		
	Last	First			M.I.		
Address:		_					
	Street Address						Apartment/Unit #
	City				State		ZIP Code
Phone:		E	mail				
Date Available:		Social Security No.:					
Position App	olied for:						
		Educ	4:				
Education							
High Schoo	l:	Address:_					
From:	To:	Did you graduate?	YES	NO	Diploma:		
College:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
Other:		Address:					
From:	To:	Did you graduate?	YES	NO	Degree:		
		Refere	nces				
Please list	two professional ref	erences.					
Full Name:					Relation	ship:	
Company:					Pr	none:	
Address:							
Full Name:					Relation	ship:	
Company:					Pł	none:	
Address:							

Previo	ous Employment
Company:	Phone:
Address:	Cupanipar
Job Title:	
Responsibilities:	
From: To:	
May we contact your previous supervisor for a referen	YES NO
Disclair	ner and Signature
I certify that my answers are true and complete to t	he best of my knowledge.
If this application leads to employment, I understand interview may result in my release.	d that false or misleading information in my application or
Signature:	Date: