



Zion Lutheran Church

Lutheran Congregations in Mission for Christ (LCMC)

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Employment Application

(Please fill in all areas and sign)

Date:

Applicant Information			
Full Name	Last:	First:	M.I.:
Contact Information:	Street Address:		
	Mailing Address - if different:		
	City:	State:	Zip:
	Phone Number:	E-mail Address:	
Position Applied For:			
	Date available:	Desired Salary:	
Education			
High School:			Degree:
	From:	To:	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:		
College:			Degree:
	From:	To:	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:		
College:			Degree:
	From:	To:	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address:		
Other Skills			
Computer skills: <input type="checkbox"/> Yes <input type="checkbox"/> No Please mark all that apply: <input type="checkbox"/> PC <input type="checkbox"/> MAC <input type="checkbox"/> Other			
Please list your software knowledge below, include Microsoft Word, Excel, E-Mail, PowerPoint and Publisher:			
Other applicable skills or training:			
References			
Please list three professional references, including the Pastor of the church you are currently a member of:			
Full Name:		Relationship:	
Employer:		Phone Number:	
Full Address:			
Full Name:		Relationship:	
Employer:		Phone Number:	
Full Address:			
Full Name:		Relationship:	
Employer:		Phone Number:	
Full Address:			
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Please attach a resume of your qualifications for the specific position for which you are applying.			

Employment History

Start with your most recent employer.

Company:	Phone Number:	
Full Address:		
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
Dates - From:	To:	I am currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor:
Reason for Leaving:		

Company:	Phone Number:	
Full Address:		
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
Dates - From:	To:	I am currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor:
Reason for Leaving:		

Company:	Phone Number:	
Full Address:		
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
Dates - From:	To:	I am currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor:
Reason for Leaving:		

Company:	Phone Number:	
Full Address:		
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
Dates - From:	To:	I am currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your supervisor for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor:
Reason for Leaving:		

Additional Information:

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* Waiver and Disclaimer - Please read carefully

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the Church from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the Church has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Church representative.

Signature:

Date: