



A MINISTRY OF HOPE LUTHERAN CHURCH

Employment Application

Background

Name: _____

Current Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Driver's License: _____

Are you at least 18 years of age?: Yes/No

Do you have any physical condition (back problems, arthritis, previous surgery, ect.) which may preclude you from performing any work for which you are being considered? Yes / No

If yes, please describe.

In case of an emergency, please notify: _____

Relationship: _____ Phone: _____

Application

Position: _____ Available start date: _____

Are you presently employed? Yes/No Salary desired: _____

Have you applied or worked with Hope Care in the past? Yes/No

If yes, when? _____

Please list your hours of availability:

Monday	Tuesday	Wednesday	Thursday	Friday

Experience/Qualifications

Why are you applying for this job? _____

What length of time do you project working for this establishment? _____

Please list the highest level of education completed: _____

List any special classes or trainings you have taken that would qualify you for the position sought:

Employment History

Name and Address of Organization	Dates Employed	Job Title/Duties	Reason for Leaving

References

Please list three individuals not related to you and whom you have known for at least one year; that would be willing to provide information about your suitability for the position you are seeking:

Full Name	Business/Home Address	Occupation	Telephone	Relationship
1.				
2.				
3.				

(Applicant Signature)

(Date)