

# SILVERDALE LUTHERAN CHURCH EMPLOYMENT APPLICATION FORM

## SECTION 1: PERSONAL INFORMATION

Name:		Date of Birth:	
Social Security No:		Referred by:	
Present Address:			
Permanent Address:			
Phone No:		Email Address:	

## SECTION 2: EMPLOYMENT DESIRED

Position Applied For:	Date You Can Start:
Are You Employed Now? <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span>	
If so, may we inquire of your present employer? <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span>	
Have you ever applied to this company before? <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span>	
If yes, when: _____	

## SECTION 3: EDUCATION HISTORY

### HIGH SCHOOL AND COLLEGE

Name & Location	Years Attended	Diploma

## SECTION 4: GENERAL INFORMATION

Subject of Special Study/Research Work:			
Special Training:		Special Skills:	
U.S. Military or Naval Service: <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span> <span style="margin-left: 100px;"><input type="checkbox"/> No</span>			
If yes, rank: _____			

Federal law mandates that employers verify the identity and work eligibility of all new hires. This is done by requiring the employee to complete and provide their employer with proof of identity and work authorization within 3 days of starting their job. You will be required to fill out an I-9 and provide proof of Identity. For more information please visit: [Form I-9, Employment Eligibility Verification](#)

# EMPLOYMENT APPLICATION FORM

## SECTION 6: REFERENCES

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

## SECTION 7: ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

### APPLICANT STATEMENT

- ☐ An acknowledgment of the truthfulness of the information provided.
- ☐ Consent for the employer to conduct background checks.
- ☐ Understanding of employment at-will, if applicable.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## OFFICIAL USE ONLY

### INTERVIEWER'S REMARKS

Date:

Interviewed by:

Recommendation:

### APPROVALS

\_\_\_\_\_  
Employment Manager Signature

\_\_\_\_\_  
Date