

APPLICATION FOR EMPLOYMENT

Date / /

Employment Desired

Position	Date You Can Start	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/> If so may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Personal Information

Last Name	First Name	Middle Name
Address (number, Street, City, State, Zip Code)		
Social Security Number	Home Telephone Number	Referred By

Education

High School Attended and Location	No. of Years Completed	Did you graduate	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate	Degree
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

General

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

Church Background

Church Affiliation

Are you a member?

How do you view yourself in the role of a youth director?

Employment History (list Present or Most Recent Positions First)

Name of Employer	Address (Number, Street, City, State, Zip Code)		
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

Name of Employer	Address (Number, Street, City, State, Zip Code)		
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

Name of Employer	Address (Number, Street, City, State, Zip Code)		
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Phone	Type of Business	Department	Your Position
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Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

Other Experience

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.

Name of Employer

Address (Number, Street, City, State, Zip Code)

Phone

Type of Business

Department

Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)

Date Left (Day, Month, Year)

Starting Salary

Final Salary

Reason for Leaving

Please list three references that we can contact.

Name

Address

Phone number

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Please attach a resume.

I certify that the information provided is true and correct.

Signature _____