

Application for Employment
St. John Lutheran School and Church
1915 S.E. Lake Weir Avenue
Ocala, FL 34471
(352)622-7275



Personal Information

Name (last, first, middle)

Date:

Social Security Number

Address

City

State

Zip

Home Phone

Cell Phone

Email Address

If employed, can you provide proof of U.S. Citizenship? ___yes ___no

Are you 18 or older? ___yes ___no Date of birth _____

Position applying for:

Marital Status:

Number and age of children:

Educational History

High School

Date Attended and Graduated

Trade Technical School

College/Unvversity

College/University

Degrees/MajorArea of Study

Educational History (continued)

Certifications/Include State, area of certification/expiration date of certificate

Military Service if applicable/branch/dates of service

Special talents/extra curricular activities/club advisor/experiences/musical ability, drama, fine arts, etc.

Sports experience/coaching/etc.

Employment History

1. Employer

Dates of Employment

Address

City

State

Zip

Phone

Beginning Salary

Ending Salary

Title/Duties

Employer's Name

Why did you Leave?

2. Employer

Dates of Employment

Address

City

State

Zip

Phone

Beginning Salary

Ending Salary

Title/Duties

Employer's Name

Why did you Leave?

3. **Employer**

Dates of Employment

Address

City

State

Zip

Phone

Beginning Salary

Ending Salary

Title/Duties

Employer's Name

Why did you Leave?

Background

Have you been arrested, convicted of a crime (other than traffic violations) or imprisoned? Yes___ No___

If yes, please explain:

Do you agree to submit to a thorough background check as a condition of employment: Yes__No__

Do you have any physical or mental disability that may limit your performance in the job you are applying for? If so, what can be done to accommodate your limitation?

Professional and Personal References

1. Reference Name

Work Number

Home Phone

Address

City

State

Zip

Relationship

2. Reference Name

Work Number

Home Phone

Address

City

State

Zip

Relationship

3. Reference Name

Work Number

Home Phone

Address

City

State

Zip

Relationship

Spiritual Faith

St. John Lutheran School is a major mission of ST. John Lutheran Church. In this regard, both the school and the church are committed to insuring that anyone affiliated with our ministry is well grounded in the Word of God an in faith in Jesus Christ as Savior and Lord. A willing commitment and ability to embrace families and students with God’s Word is expected on the part of all staff.

1. Have you been baptized in a Christian church? Yes___ No___

If ye, in what church body were you baptized : _____

2. Are you a church member? Yes___ No___ Name of Church: _____

3. How would you describe your weekly worship attendance: _____

4. Are you presently involved in regular Bible study? Yes___ No___

5. Are you active in serving your church? Yes___ No___

6. Are you currently involved in other service opportunities or ministries and if so what are they?

St. John Lutheran School may request a letter of recommendation or place a call to your pastor. Please print the full name of your Pastor and the address or phone number of church.

Please write a brief statement of your Christian faith indication what your core beliefs are and how Jesus Christ impacts your life personally.

Your signature indicates that all information listed is true and accurate.

I give St. John Lutheran Church and School permission to request records regarding my education and previous employment as well as perform a complete background check on my person.

Applicant’s signature _____

Date: _____