

Employment History (List most recent employer first)

1. Start Date/End Date	Name of Employer	Position/Title	Reason for Leaving
List main responsibilities	Address/Phone Number of Employer	Name and Title of Supervisor	Final Salary

2. Start Date/End Date	Name of Employer	Position/Title	Reason for Leaving
List main responsibilities	Address/Phone Number of Employer	Name and Title of Supervisor	Final Salary

3. Start Date/End Date	Name of Employer	Position/Title	Reason for Leaving
List main responsibilities	Address/Phone Number of Employer	Name and Title of Supervisor	Final Salary

References List at least 3 additional references (No relatives)

Name	Relationship to Applicant	Number of Years Known	Phone Number

I authorize and release Hope Lutheran Church to contact the above employers and references to discuss with them my background and qualifications for the position for which I have applied. I release from all claims, causes of action, and liability all persons and/or businesses who supply or receive information concerning my background.

I certify to the truthfulness of the information provided in this application. I understand that any misrepresentations about any information on this application will be cause for my dismissal at any time. In addition, I understand that my employment can be terminated at any time and for any reason, at the option of either the organization or myself.

Signature

Date

Hope Lutheran Church is an equal opportunity employer and will not discriminate on the basis of race, color, national origin, religion, age, sex or disability in its activities, programs or employment practices as required by Title VI, Title IX, and Section 504.

Return Application to: Hope Lutheran Church, 4131 Lehigh Drive, Cherryville, PA 18035 or e-mail to office@hopecherryville.org