

St. John's Lutheran School
1317 Lyon Street · Hannibal, MO 63401 · 573-221-0615

Revised 3/2021

Please print and answer all questions. If one does not apply, insert or check "n/a". If additional space is required to adequately answer a question, please indicate by an asterisk (*) and identify the supplemental information on a separate sheet.

When reading and answering these questions, please keep in mind that none of the questions are intended to imply limitations, preferences, or discrimination based on age, sex, marital status, race, creed, color, national origin, or existence of any sensory, mental, or physical disability that does not interfere with the performance of the position for which you are applying. EEO Employer

Position applying for: _____ Date: _____

Name
First _____ Middle _____ Last _____

Address: _____
City _____ State _____ Zip _____

Phone: _____ Email: _____

Date available for work: _____

Have you the legal right to work in the U.S.? Please circle one. YES NO
Have you ever been convicted of a felony? Please circle one. YES NO

If yes, explain (A conviction will not necessarily disqualify you from the job.)

I prefer: Please circle one. Part-Time Full-Time

Hours available for work:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

PREVIOUS EMPLOYMENT

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Company Name	Phone Number
Address	Employed Timeline
Name of Supervisor	Salary/Wage Amount
Job Title	Reason for Leaving
Description of Work	

Company Name	Phone Number
Address	Employed Timeline
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Please tell us about any clubs, groups or organizations you belong to:

- 1 Organization _____ Activites/Position: _____
- 2 Organization _____ Activites/Position: _____
- 3 Organization _____ Activites/Position: _____

EDUCATION

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School Attended:

Name City State Years Completed Degree Graduation Date

High School _____

Jr. College _____

College _____

Grad School _____

Trade School _____

Other _____

List any additional training or seminars:

List any licenses, certificates, publications or professional achievements:

List other special skills, technical or professional knowledge, or use of machines:

How were you referred to us:

Current Employee	_____	Past Employee	_____
Facebook	_____	Online Advertisement	_____
Walk-In	_____	Other	_____

Please read the following before signing this application

1. I declare that my answers to the questions in this application are true to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for is cause for dismissal.
2. I understand that any false or incorrect statement or omission of a fact on this application or during the applicant screening process shall result in rejection of my application or my dismissal.
3. I understand that the consideration of my application does not constitute an obligation to offer employment. I authorize investigation of all statement contained in this application.

I have read and understand the above.

Applicant Signature

Date

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REFERENCE FORM (PROFESSIONAL REFERENCES REQUIRED)

This Section To Be Completed By Applicant

Applicant Name: _____

Reference Name: _____

Reference Employment: _____ Reference Job Title: _____

Reference Address: _____

Reference Phone: _____ Reference Email: _____

This Section To Be Completed By Reference or Person Making Reference Call

1 Was the applicant an employee of your company? Please circle one. YES NO
If yes, what position did they hold: _____

2 What type of duties did this individual perform while working for you?

3 What were the applicant's strengths? _____

4 What were the applicant's weaknesses? _____

5 How would you describe this individual's attendance? How many times have they called in to work in the past year? Are they on time to work or have they been tardy frequently?

6 How would you characterize their problem solving skills? Would you say the individual makes decisions independently, seeks help with decision making and problem solving, or doesn't make good decisions?

7 Would you rehire this applicant? Please circle one. YES NO

8 Do you have any area of concern? _____

9 Is there anything else you would like to add? _____

Please circle one. Completed by Reference Completed via Telephone by Human Resources
Signature of Reference/Person Making Reference Call: _____ Date: _____