Willow Street Mennonite Church

Employment Application Form

|  |  |  |
| --- | --- | --- |
| Please print all information requested except signature |  | Return to:Willow Street Mennonite Church399 East Penn Grant RoadWillow Street, PA 17584or pastorjoesherer@gmail.com |
|  |
| Position: Worship Director |
|  |
| PLEASE COMPLETE PAGES 1-3. | DATE  |
| Name  |
|  Last First Middle Maiden |
| Present address  |
|  Number Street City State Zip |
|  |  |
| Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  |  |
|  |
|  |
|  |
|  |
| Education |
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION(Complete mailing address) | NUMBEROF YEARSCOMPLETED | MAJOR & DEGREE |
| High School |  |  |  |  |
|  |  |  |  |  |
| College |  |  |  |  |
|  |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |

|  |  |  |
| --- | --- | --- |
| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | Page 2 |  |
| APPLICATION FOR EMPLOYMENT |
| Work Experience | Please list your work experience for the past five years beginning with your most recent job held.If you were self-employed, give firm name. Attach additional sheets if necessary. |
|  |  |
| Name of employer Address | Name of last supervisor | Employment dates |  |
| City, State, Zip CodePhone number |  | FromTo |  |
|  | Your last job title |
| Reason for leaving (be specific) |
| List the role you held, duties performed, skills used or learned, advancements or promotions while in this role.. |
|  |
|  |
|  |
|  |
|  |
| Name of employer Address | Name of last supervisor | Employment dates |  |
| City, State, Zip CodePhone number |  | FromTo |  |
|  | Your Last Job Title |
| Reason for leaving (be specific) |
| List the role you held, duties performed, skills used or learned, advancements or promotions while in this role.. |
|  |
|  |
|  |
|  |
| Name of employer Address | Name of last supervisor | Employment dates |  |
| City, State, Zip CodePhone number |  | FromTo |  |
|  | Your Last Job Title |
| Reason for leaving (be specific) |
| List the role you held, duties performed, skills used or learned, advancements or promotions while in this role.. |
|  |
|  |
|  |
|  |
| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | Page 3 |  |
|  |
| May we contact your present employer? ❑ Yes ❑ No |
|  |
| Please list two references other than relatives or previous employers. |
| Name  | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position  | Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Company  | Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address  | Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone ( )  | Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  |
| Additional Qualifications |
| An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. |
|  |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑ No ❑ Yes |
| If yes, explain the number of conviction(s), the nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.  |
|   |

 DO YOU HAVE A DRIVER’S LICENSE? ❑ Yes ❑ No

 WHEN WOULD YOU BE AVAILABLE TO BEGIN?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_