

Chapel of the Lake

Application for Employment

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at this address?: _____

Phone: Home (_____) _____ Work (_____) _____

Please list your addresses in the past 5 years:

For what position are you applying? _____

What interests you about the position for which you are applying? _____

What has prepared you for the position for which you are applying? _____

Employment History

Dates of Employment <small>(Start with most recent)</small>	Company Name and Address <small>(City, State, Zip)</small>	Immediate Supervisor Name and Phone #	Position Held	Reason for leaving position
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				
Started ___/___/___ Ended ___/___/___				

May we contact your former employers? _____

Educational History

School Name	School Address (City, State, Zip)	Type of School	Name of Program or Degree	Program Completed?

References

(Please list at least one professional and one personal reference)

Reference Name	Address (City, State, Zip)	Daytime Phone	How long have you known this person?	Has this person agreed to provide a reference?
Professional/Civic				
Personal				

Volunteer Experience

Please list your volunteer experiences with non-profit organizations (use back if needed.)

Organization	Duties	Dates	Contact Person	Phone

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? _____ If yes, please explain.

Chapel of the Lake appreciates your willingness to share your skills and gifts to further our ministry. The information gathered in this application is designed to help us provide the highest quality programs for the people in our congregation and community. Please initial each of the statements below.

_____ *I have read and agree with the doctrine and distinctives of Chapel of the Lake.*

_____ *I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application, or dismissal from my position.*

_____ *I understand that I can withdraw from the application process at any time.*

_____ *My signature indicates that I have read and understand the above*

Do not sign until you have read and initialed the above statements.

Applicant Signature: _____ **Date:** _____