## Trinity Lutheran School

55 North Pacific Cape Girardeau MO 63701 APPLICATION FOR EMPLOYMENT

The name on the application form must be the same as on your social security card.

PERSONAL INFORMA	ΓΙΟΝ		DATE			
NAME		S	SOCIAL SECURITY			
Last	First	Middle				
PRESENT ADDRESS						
	Street		City	State	Zip	
PERMANENT ADDRESS						
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Employer			From	То		
Address			Phone			
Reason for Leaving			Salary			
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Employer			From	То		
Address			Phone			
Reason for Leaving			Salary			
Employer_			From_	To		
Employer Address			Phone	From		
Reason for Leaving			Salary			
PERSONAL REFERE	ENCES					
NAME	ADDRESS	YRS KNOWN	TELEPHON	NE		

The above information is true and complete to the best of my knowledge. Should I be employed by the School, any misrepresentation or false statement contained herein may be considered cause for dismissal. The School has my permission to obtain all necessary information from the references I have listed, or any other source concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any report furnished the School.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the School, I may resign such employment at any time at my discretion with or without prior notice and the School may terminate my employment at anytime at their discretion, with or without cause and/or prior notice.

Date:		Signature of	Applicant:		
Section 1. Control of the Control of					
	DO	NOT WRIT	E BELOW T	HIS LINE	
SUMMARY O	FINTERVIEW:				
Accepted for emp	oloyment: () Yes() No	Po	sition:		
Starting Rate: \$	Per ( ) Hour	() Year	()Season	Start Date:	
Interviewed by:				Date:	-