

Lutheran Social Services of the Virgin Islands

Employment Application

| | | Арр | licant I | nforma | ation | | | | |
|--|---|---------------------|----------------|---|----------|-------------------------------|------------------|--|--|
| Full Name: | | | | | Date: | | | | |
| | Last | First | | | M.I. | | | | |
| Address: | - | | | | | | | | |
| | Street Address | | | | | | Apartment/Unit # | | |
| | 0'' | | | | | O (| 7/0.0.1 | | |
| | City | | | | | State | ZIP Code | | |
| Phone: | | | | Email | | | | | |
| Date Available: | | | | Desired Salary: | | | | | |
| Position App | olied for: | | | | | | | | |
| YES NO Are you a citizen of the United States? | | | | YES NO If no, are you authorized to work in the U.S.? | | | | | |
| YES NO Have you ever worked for this company? | | | | If yes, v | when?_ | | | | |
| YES Have you ever been convicted of a felony? | | | NO | If yes, e | explain: | | | | |
| Did you serve in an AmeriCorps, Peace Corps, or another National Service YES NO Program? | | | | If yes, e | explain: | | | | |
| I am interes in working: I prefer: | ted ☐Part-time ☐Morning/Day Shift | □Full-ti □Aftern | me noon/Eve | ening Sh | | _On-Call Wha _Over-Night S | at days?hift | | |
| - | _ | | Educ | ation | | _ | _ | | |
| High Schoo | l: | , | Address: | | | | | | |
| - | To: | | | YES | NO | | | | |
| College: | | , | Address: | | | | | | |
| | To: | | | YES | NO | | | | |
| Other: | | | Address: | | | | | | |
| | To: | _ | | YES | NO | | | | |

| References | | | | | | | | | | | |
|-------------------|---|----------------|-------------|---------------|--|--|--|--|--|--|--|
| Please list three | e professional references. | | | | | | | | | | |
| Full Name: | | | | Relationship: | | | | | | | |
| Company: | | | | Phone: | | | | | | | |
| Address: | | | | | | | | | | | |
| Full Name: | | | | Relationship: | | | | | | | |
| 0 | | | | Phone: | | | | | | | |
| Address: | | | | | | | | | | | |
| Full Name: | | | | Relationship: | | | | | | | |
| Componi | | | | Phone: | | | | | | | |
| Address: | | | | | | | | | | | |
| | Previous E | mployme | ent | | | | | | | | |
| Company: | | | | Phone: | | | | | | | |
| Address: | | | | | | | | | | | |
| Job Title: | Starting S | | | | | | | | | | |
| Responsibilities: | | | | | | | | | | | |
| From: | To: | Reason f | or Leaving: | | | | | | | | |
| May we contact y | your previous supervisor for a reference? | YES | NO | | | | | | | | |
| | | | | | | | | | | | |
| Company: | | | | Phone: | | | | | | | |
| Address: | | | | Supervisor: | | | | | | | |
| Job Title: | Starting S | Ending Salary: | | | | | | | | | |
| Responsibilities: | | | | | | | | | | | |
| From: | To: | Reason f | or Leaving: | | | | | | | | |
| May we contact y | your previous supervisor for a reference? | YES | NO | | | | | | | | |

Employment Application Continuation Phone: _____ Company: Address: Supervisor: Job Title: Starting Salary:\$ Ending Salary:\$ Responsibilities: Reason for Leaving:____ _____ To:____ From: NO YES May we contact your previous supervisor for a reference? Military Service Branch: From: _____ To:____ Rank at Discharge: Type of Discharge: If other than honorable, explain: Disclaimer and Signature I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or

Date:

Signature:

interview may result in my release.