

Application Form
St. Michael's Church – Director of Family Ministries

Please complete all of the questions accurately and fully. Attach additional sheets if needed.

General Information

Today's Date: _____
Personal Data Name: _____
Street address: _____
City: _____
State: _____ Zip: _____
How long at current address: _____
Home Phone: _____
Work phone: _____
Best time to contact you: _____
E-Mail address: _____
Drivers license number: _____ State: _____
Social Security number: _____

Are you legally eligible to work in this country?

Yes No

Note: If you are chosen for a paid position, you will be required to show documents verifying you employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act.

Please list your addresses in the past five years:

Employment History

Please complete for your prior employers, covering the past **ten** years.

Current Employer Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Immediate Supervisor name: _____
Supervisor's Phone number: _____
Position Held: _____
Dates of employment -- from: _____ to: _____
Reason for leaving position: _____
Previous Employer: Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Immediate Supervisor's name: _____
Supervisor's phone number: _____
Position held: _____
Dates of Employment -- from: _____ to: _____
Reason for leaving position: _____

Volunteer Experience with Children and Youth

Please use additional sheets as necessary for additional employers.

Organization: _____
Contact: _____
Phone: _____ Duties: _____

Dates -- from: _____ to: _____

Form (Continued)

Educational History

Name of School/College: _____
Address: _____
City: _____ State: _____ Zip: _____
Program or degree: _____ Completed Y/N: _____
Name of School/College: _____
Address: _____
City: _____ State: _____ Zip: _____
Program or degree: _____ Completed Y/N: _____
Name of School/College: _____
Address: _____
City: _____ State: _____ Zip: _____
Program or degree: _____ Completed Y/N: _____

Professional/Civic References

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____
Months you have known this person: _____
Relationship to you: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____
Months you have known this person: _____
Relationship to you: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____
Months you have known this person: _____
Relationship to you: _____

Personal References

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____
Months you have known this person: _____
Relationship to you: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____
Months you have known this person: _____
Relationship to you: _____

Questions

Please answer the following questions on a separate piece of paper. Answers should be typed and should not exceed one page in total.

1. Why does this position interest you?
2. What does the concept of "family ministries" mean to you?

