

WORK HISTORY

(RESUME MAY BE ATTACHED, BUT NOT SUBSTITUTED FOR COMPLETING THE INFORMATION BELOW)
LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST

PAST AND PRESENT EMPLOYMENT	DATES				NAME OF ORGANIZATION STREET ADDRESS, CITY, STATE, ZIP CODE				SALARY		REASON FOR LEAVING	
	FROM		TO						START			
	MONTH	YEAR	MONTH	YEAR			FINAL					
	SUPERVISOR'S NAME & TITLE										TELEPHONE	
	YOUR POSITION TITLE											
	DESCRIBE YOUR DUTIES											
	DATES				NAME OF ORGANIZATION STREET ADDRESS, CITY, STATE, ZIP CODE				SALARY		REASON FOR LEAVING	
	FROM		TO						START			
	MONTH	YEAR	MONTH	YEAR			FINAL					
	SUPERVISOR'S NAME & TITLE										TELEPHONE	
	YOUR POSITION TITLE											
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DATES				NAME OF ORGANIZATION STREET ADDRESS, CITY, STATE, ZIP CODE				SALARY		REASON FOR LEAVING		
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MONTH	YEAR	MONTH	YEAR			FINAL						
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FROM		TO						START				
MONTH	YEAR	MONTH	YEAR			FINAL						
SUPERVISOR'S NAME & TITLE										TELEPHONE		
YOUR POSITION TITLE												
DESCRIBE YOUR DUTIES												

I CERTIFY THAT THE ANSWERS GIVEN BY ME IN THE FOREGOING STATEMENTS ARE TRUE AND CORRECT WITHOUT CONSEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I AGREE TO THAT LIGHTHOUSE BAPTIST CHURCH AND/OR LIGHTHOUSE CHRISTIAN ACADEMY SHALL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF FALSITY OF STATEMENTS, ANSWERS OR OMISSIONS MADE BY ME IN THIS APPLICATION. I AUTHORIZE THE COMPANIES, CHURCHES, SCHOOLS OR PERSONS NAMED IN THIS APPLICATION TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT OR MY PHYSICAL CONDITION, TOGETHER WITH ANY INFORMATION THEY MAY HAVE REGARDING ME, WHETHER OR NOT IT IS IN THEIR RECORDS. I HEREBY RELEASE SAID COMPANIES, CHURCHES, SCHOOLS OR PERSONS FROM ALL LIABILITY FOR ANY DAMAGE FOR ISSUING THIS INFORMATION.

SIGNED: _____

DATE: _____