



EMPLOYMENT APPLICATION

Personal Information

Name:		Social Security #:	
Address:			
Phone #:		Email:	
Age:	Birthdate:	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Marital Status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	If married, name of spouse:
Position Applied For:			

Personal Commitment

Which church are you attending?	Are you a member at your church? No <input type="checkbox"/>	Yes <input type="checkbox"/>
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Reference (please list 2 references that we may contact)

Name:	Telephone #:
Address:	Relationship:

Name:	Telephone #:
Address:	Relationship:

Medical conditions

Do you have a physical disability? No <input type="checkbox"/>	Yes <input type="checkbox"/>
IF yes to the above question please explain.	

By accepting this position, you will be required to use your personal vehicle for transportation and use your personal cell phone.

Print Name:	Signature:	Date:
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Please have ALL the blanks filled out then return to SMS by:

Mail: SEMINOLE MENNONITE SCHOOL or Email: sahra.h@smsedu.org
1501 SE 5th Street or PO Box 608
Seminole, TX. 79360

For Official Use Only

The SMS Directors have interviewed this application: ___/___/___.

The SMS Directors Hired this applicant: No Yes ___/___/___.

NOTE for decision:

_____/_____/_____
Signature Date