

# JOB APPLICATION

Holy Trinity Lutheran Church  
2305 San Marino Rd, Sidney, Nebraska 69162  
308-254-3124

Holy Trinity Lutheran Church is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

## Applicant Information

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
  
**Date of Application:** \_\_\_\_\_

## Employment Position

**Position(s) applying for:** Administration ( part time)

How did you hear about this position? \_\_\_\_\_  
On what date can you start working if you are hired? \_\_\_\_\_

## Personal Information

Are you a U.S. citizen or approved to work in the United States? Yes No  
What document can you provide as proof of citizenship or legal status?

\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

\_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

## Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: Holy Trinity Lutheran Church complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. )*

## Education and Training

### High School

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_  
What branch of the military did you enlist? \_\_\_\_\_  
What was your military rank when discharged? \_\_\_\_\_  
How many years did you serve in the military? \_\_\_\_\_  
What military skills do you possess that would be an asset for this position?  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Additional Information:**

Do you feel called to serve the church?  
\_\_\_\_\_  
\_\_\_\_\_

**AT-WILL EMPLOYMENT**

The relationship between you and the Holy Trinity Lutheran Church is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Holy Trinity Lutheran Church. No representative of Holy Trinity Lutheran Church has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

