

Application for Employment

St. John Ministry Athletic Director



First Name: _____ Last Name: _____

Email: _____

Primary Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

SECONDARY & HIGHER EDUCATION in reverse chronological order please

Dates		School, College or University	Did you Graduate?	
From (Month/Year)	To (Month/Year)		Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY in reverse chronological order please

Dates		Employer (Name and Address)	Position(s) Held	Reason for Leaving
From (Month/Year)	To (Month/Year)			

Tell about your experience working with other adults, planning, scheduling, or organization. Please include any other experiences that you believe would be beneficial to this position.

In the space below, describe your personal prayer, church, devotion, and faith life.

Please specify your comfort level for each of the following by making an X on the continuum below.

	Not Comfortable		Comfortable		Enthusiastic
• Talking kids about Jesus	1	2	3	4	5
• Sharing the Christian faith	1	2	3	4	5
• Leading students in prayer	1	2	3	4	5

References:

Name: _____ Position: _____

Relationship to applicant: _____

Address: _____

Phone number: _____

Name: _____ Position: _____

Relationship to applicant: _____

Address: _____

Phone number: _____

Please return your completed application to:
St. John Lutheran School
102 West Martin Street
Battle Creek, NE 68715