

# Application for Employment

## St. John Ministry Athletic Coach



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 kids, coaching, and the sport of basketball. 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