

Trinity Evangelical Lutheran Church
331 Weldon St.
Latrobe, Pa. 15650
724 537-4450

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status.

Trinity Evangelical Lutheran Church (Trinity)

(Please Print)

Date of Application _____

Position Applying for _____

Referral Source: Newspaper Website Social Media Other

NAME

Last

First

Middle

ADDRESS

Number

Street

City

State

Zip Code

PHONE (Primary)

(Secondary)

EMAIL ADDRESS _____

Circle One

Have you previously filed an application with Trinity?

If yes, give date

Yes

No

Have you ever been employed by Trinity.?

If yes, give date

Yes

No

Are you employed now? Employers Name

Yes

No

May we contact your present employer?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

(Proof of citizenship or immigration status will be required upon employment)

Yes

No

Are you available to work

Full time

Part Time

Shift Work

Temporary

Are you on a lay-off and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

Have you been convicted of a felony or misdemeanor other than parking or a minor traffic violation?

Yes

No

(Criminal conviction may be relevant if child related, but does not bar you from employment.

A criminal background check may be conducted) If yes, please explain. _____

Do you drive?

Yes

No

Do you have a valid Pennsylvania Driver's License?

Yes

No

Have you had any traffic convictions in the last two years?

Yes

No

If yes, explain. _____

EMPLOYMENT HISTORY

List your last three (3) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below. List below in comments section any employers you are not able to list in spaces below.

COMMENTS (including explanation of any gaps in employment use additional paper if necessary)

Employer	Telephone	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title		Hourly Rate Starting	
Immediate Supervisor and Title		Final	
Reason for Leaving			
May we contact for reference? Yes No			
Employer	Telephone	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title		Hourly Rate Starting	
Immediate Supervisor and Title		Final	
Reason for Leaving			
May we contact for reference? Yes No			
Employer	Telephone	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title		Hourly Rate Starting	
Immediate Supervisor and Title		Final	
Reason for Leaving			
May we contact for reference? Yes No			

EDUCATIONAL BACKGROUND

	Elementary	High School	College	Graduate/Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4 Year Graduated:	1 2 3 4
Diploma/Degree				
Describe Course of Study				

Describe Specialized Training, Apprenticeship skills, and extra-curricular activities:

Honors Received:

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? YES NO

A description of the activities involved in the job is attached or can be made available to you.

PROFESSIONAL REFERENCES

Give complete name, address, and telephone number of three professional references who can verify your professional abilities and capabilities. (Examples of acceptable references are professors, supervisors, co-workers, customers, internship supervisors, co-op teachers, etc.)

1.	(Name)	(Phone #)	(Type of Professional Relationship)	
	(Street)	(City)	(State)	(Zip)
2.	(Name)	(Phone #)	(Type of Professional Relationship)	
	(Street)	(City)	(State)	(Zip)
3.	(Name)	(Phone #)	(Type of Professional Relationship)	
	(Street)	(City)	(State)	(Zip)

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Emergency Contact Information

Name _____ Relationship _____
Phone _____
Phone _____

Alternate Contact

Name _____ Relationship _____
Phone _____
Phone _____

AGREEMENT

I understand that any employment by Trinity, will be on a 90-day introductory/probationary period.

I certify that answers herein are true and complete to the best of my knowledge.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from employment by Trinity, if at the time of discovery of the misrepresentation I have been employed by Trinity. I understand that I am free to resign at any time and that Trinity reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no employee or agent of Trinity has the authority to make any contrary assurances,

I give Trinity. the right to investigate all references and to secure additional information about me if job related. I hereby release from liability Trinity and its representatives for seeking such information and all other parties, corporations, or organizations for furnishing such information. References attained are held*in strict confidence from the applicant.

Trinity Evangelical Lutheran Church is an Equal Opportunity Employer and as such does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on the basis prohibited by local, state, or federal law.

[] By checking this box, I am confirming my understanding of this agreement and therefore when submitting this application electronically I do not need to sign this application.

Signature of Applicant

Date
