TRINITY LUTHERAN CHURCHSCHOOL

1122 W. Central Park Avenue • Davenport, Iowa 52804

Application for Employment

Trinity Lutheran ChurchSchool 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. Equal access to programs, services, and employment is available to all qualified persons. Should an applicant need reasonable accommodation in the application and/or interview process, he or she should contact a company representative. Please print.

Date of Application

Position(s) Applied for

☐ Food Services Director ☐ Head Cook ☐ Assistant Cook				
dle)				
	City	State	Zip Code	
Main Phone Number Alternate Phone Number		Email		
	Supervisor	May	we contact?	
		□ Ye	es 🗆 No	
	Dates Employed (M	onth/Year)		
	From	То		
Job Title and Duties R		Reason for Leaving		
	Alternate Phone Number esent or previous employers	Alternate Phone Number Email esent or previous employers in chronological orde or all periods of time. If self-employed, give firm nail Supervisor Dates Employed (Market From	Alternate Phone Number Email esent or previous employers in chronological order with present or all periods of time. If self-employed, give firm name and supply Supervisor May Dates Employed (Month/Year) From To	

Name of Employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street Address		
Phone Number	Dates Employed (Month/Yea	r)
	From	То
Job Title and Duties	Reason for Leaving	
		-
Name of Employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street Address		
Phone Number	Dates Employed (Month/Yea	
	From	То
Job Title and Duties	Reason for Leaving	
Have you ever been involuntarily terminated or asked to resi	ign from any ioh?	□ Yes □ No
	1511 11 0111 0111 ₁ 1001	
If yes, please explain		
Please explain any gaps in your employment history:		

	other experience, job r in evaluating your qua			s, or other o	qualifications tl	hat you believe should
C CONSIGER CO	III Craidatiig jour qua	medicina for crisp.	Оуттепт.			
E ducation Please describe	e your educational bac	kground in the tab	le provided bel	ow.		
		Years	Diploma/			Specialized Training,
	School Name	Completed	Degree (Yes/No)	Area of	f Study/Major	Skills, or Extra- Curricular Activities
High School						
College/ University						
Graduate/ Professional School						
Trade School						
Other						
RUSINESS AND P	ROFESSIONAL REFERENCES					<u> </u>
	ee professional referenc	ces of individuals w	/ho are not rela	ated to you		Em all
Name and in	le	Relationship			Phone Numbe	er or Email
					<u> </u>	
PERSONAL REFER						
Please list thre Name and Tit	ee people who know yo tle		and Years Acqua	ainted	Phone Numb	ner or Fmail
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GENERAL INFORMATION

1.	Have you ever used another name? □ Yes □ No
2.	Is any additional information relative to name changes, use of an assumed name, or nickname necessary to
	enable a check on your work and educational record? ☐ Yes ☐ No
	If yes to either of the above, please explain:
3.	Have you ever worked for Trinity Lutheran before? □ Yes □ No
	a. If yes, please give dates and position:
4.	Do you have friends and/or relatives working for Trinity Lutheran? ☐ Yes ☐ No
	a. If yes, name(s) and relationship(s):
5.	On what date are you available to begin work?
6.	If hired, would you have a reliable means of transportation to and from work? \square Yes \square No
7.	Are you at least 18 years old? □ Yes □ No
	a. Note: If under 18, hire is subject to verification that you are of minimum legal age.
8.	If hired, can you present evidence of your identity and legal right to work in this country? \Box Yes \Box No
9.	Are you able to perform the essential job functions of the job for which you are applying with or without
	reasonable accommodation? 🗆 Yes 🗆 No
	a. Note: We comply with the ADA and consider reasonable accommodation measures that may be
	necessary for qualified applicants/employees to perform essential job functions.

APPLICANT STATEMENT AND AGREEMENT Please read and initial each paragraph below. If there is anything that you do not understand, please ask. _I hereby authorize Trinity Lutheran ChurchSchool to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to Trinity Lutheran any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Trinity Lutheran, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. In the event of my employment with Trinity Lutheran, I understand that I am required to comply with all rules and regulations of Trinity Lutheran. If hired, I will agree to uphold Trinity Lutheran Church's Statement of Faith and in the event of my employment with Trinity Lutheran, I understand that I am required to comply with all rules and regulations of Trinity Lutheran. If hired, I understand and agree that my employment with Trinity Lutheran is at-will, and that neither I, nor Trinity Lutheran is required to continue the employment relationship for any specific term. I further understand that Trinity Lutheran or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. ___I understand that safety of employees is extremely important to Trinity Lutheran and that Trinity Lutheran is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. _I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature:	
Name (print):	Date: