



Hosanna! Lutheran Church

9600 163rd St W
Lakeville, MN 55044
952-435-3332

EMPLOYMENT APPLICATION

For Office Use Only: Date Received:

First Name MI Last Name

Current Address City State Zip Code

Home Phone Cell Phone E-mail

Position Applying For: _____

Education

Name of School	Location	Type of Diploma, Certificate or Degree	Number of Years Completed	Major/Minor

Personal and Employment Information

Are you a member at Hosanna! Yes No

Do you volunteer at Hosanna! Yes No

If yes, explain:

Are you authorized to work in the US? Yes No

Describe your computer and technical skills:

List other knowledge, skills, abilities, and qualifications:

Employment History

		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start (MM/DD/YY) End (MM/DD/YY)	
Name of Employer			Dates of Employment		
Street Address		City	State	Zip Code	Phone Number
Position/Job Duties			Salary Start	Salary End	
Reason for Leaving					
<input type="checkbox"/> Full Time			<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer
					Supervisor's Name & Title

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Position/Job Duties			Salary Start	Salary End	
Reason for Leaving					
<input type="checkbox"/> Full Time			<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer
					Supervisor's Name & Title

Have you ever been discharged or forced to resign from a position? Yes No
If yes, explain:

Please write a brief statement about your Christian faith experience and any involvement in church activities:

Membership at Hosanna! Lutheran Church may be a condition of employment for certain positions. Employees are hired without regard to race, creed, color, sex, national origin, disability, marital, familial, veteran and citizenship status.

I hereby declare that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification of this application will disqualify me from employment or be grounds for termination on discovery.

Signature of Applicant **Date**