



APPLICATION FOR EMPLOYMENT

1805 15TH AVENUE, UNION GROVE WI 53182-1597
 262-878-5620 - FAX - 262-878-9285 - www.shepherdsministries.org

Name:		Date:	
Address:		Phone/Cell:	
City:		State:	Zip:
Email Address:			
Social Security #:		Position Applied For:	
Willing to Work: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Split <input type="checkbox"/> Weekends <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Anything			
How did you learn about Shepherds?		Family <input type="checkbox"/>	Work <input type="checkbox"/>
		Friends <input type="checkbox"/>	Church <input type="checkbox"/>
		School <input type="checkbox"/>	Other:
Referred By -			

CHURCH MEMBERSHIP

Church Name:			
Address:		Phone Number:	
City:		State:	Zip:
Name of Pastor:		Phone Number:	
List your present activities in your local church -			

EDUCATION

High School:		Location (City & State)	
Highest Grade Achieved:			
College:		Location (City & State)	
Date of Graduation or Total Credit Hours:		Degree:	
Major:		Minor:	
Graduate School:		Location (City & State)	
Date of Graduation or Total Credit Hours:		Degree:	
Professional Licenses or Certificates:			
Professional Memberships:			

EMPLOYMENT RECORD

State last 4 positions. (Begin with present or most recent)		
1.Firm:	Supervisor:	
Address:	City/State/Zip	
Position:	Dates Employed:	Phone #
Description of Job Duties:		
Reason for Leaving:		
May We Contact? YES <input type="checkbox"/> NO <input type="checkbox"/>		

2.Firm:	Supervisor:	
Address:	City/State/Zip	
Position:	Dates Employed:	Phone #
Description of Job Duties:		
Reason for Leaving:		

3.Firm:	Supervisor:	
Address:	City/State/Zip	
Position:	Dates Employed:	Phone #
Description of Job Duties:		
Reason for Leaving:		

4.Firm:	Supervisor:	
Address:	City/State/Zip	
Position:	Dates Employed:	Phone #
Description of Job Duties:		
Reason for Leaving:		

REFERENCE INFORMATION

Employment Reference:	
1. Name:	Phone:
Address: (City/State/Zip)	
Email Address:	

Employment Reference:	
2. Name:	Phone:
Address: (City/State/Zip)	
Email Address:	

Pastoral Reference:	
3. Name:	Phone:
Address: (City/State/Zip)	
Email Address:	

Personal Reference:	
4. Name:	Phone:
Address: (City/State/Zip)	
Email Address:	

Personal Reference:	
5. Name:	Phone:
Address: (City/State/Zip)	
Email Address:	

QUESTIONS

(You may attach an additional page if you need more space.)

1. Why are you interested in working at Shepherds?
2. Experience which would qualify you for this position:
3. Experience with intellectually disabled people:
4. Autobiographical sketch: (Describe your personality, likes, dislikes, purpose in life, talents, abilities, etc.)
5. Are you a follower of Christ? Yes _____ No _____ If YES, briefly describe how you came to know Christ as your personal Savior. (attach a sheet, if necessary)
6. Have you read Shepherds Articles of Faith? Yes _____ No _____
7. Are your personal convictions in total agreement with these Articles of Faith? Yes _____ No _____ If not, please explain –
8. Do you possess a valid driver's license? Yes _____ No _____
9. Have you read Shepherds Biblical Responsibilities for Staff? Yes _____ No _____

I certify that the statements I have made are true and correct and without material omission. I understand that making false statements or omitting pertinent facts is sufficient cause for rejection or dismissal from employment.

I understand that I am applying for employment, which can be terminated at will by either myself, or Shepherds at any time and that nothing contained in any manual, brochure, or other Shepherds materials shall constitute an implied contract for employment. I understand that to be employed, I must be lawfully authorized to work in the United States and I must show Shepherds the documents that will prove this.

I understand that Shepherds will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature

Date

OFFICE USE ONLY							
References						Background Check	
Date of Interview	Shadow Opportunity			Date Accepted Job Offer			
Date of Hire	HR Training Scheduled						
Reason for NO HIRE							