

Application for Employment

1805 15th Avenue, Union Grove, WI 53182
262-878-5620 | www.shepherdscollege.edu

Name:	Date:	
Address:	Phone/Cell:	
City:	State:	Zip:
Email Address:	Social Security #:	
Position Applied For:	Desired Salary:	
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?: <input type="checkbox"/> 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 Certificated:	
Professional Memberships:	

EMPLOYMENT RECORD *State last 4 positions. (Begin with present or most recent)*

1

Employer:		Supervisor:	
Address:		City:	State: Zip:
Position:	Dates Employed:	Phone:	
Description of Job Duties:			
Reason for Leaving:			
May We Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO			

2

Employer:		Supervisor:	
Address:		City:	State: Zip:
Position:	Dates Employed:	Phone:	
Description of Job Duties:			
Reason for Leaving:			

3

Employer:		Supervisor:	
Address:		City:	State: Zip:
Position:	Dates Employed:	Phone:	
Description of Job Duties:			
Reason for Leaving:			

4

Employer:		Supervisor:	
Address:		City:	State: Zip:
Position:	Dates Employed:	Phone:	
Description of Job Duties:			
Reason for Leaving:			

REFERENCE INFORMATION *Please do not list any family members as a reference.*

1

Employment Reference			
Name:		Relationship:	
Address:		City:	State: Zip:
Email Address:		Phone:	

2

Employment Reference			
Name:		Relationship:	
Address:		City:	State: Zip:
Email Address:		Phone:	

3

Pastoral Reference			
Name:		Relationship:	
Address:		City:	State: Zip:
Email Address:		Phone:	

4

Personal Reference			
Name:		Relationship:	
Address:		City:	State: Zip:
Email Address:		Phone:	

5

Personal Reference			
Name:		Relationship:	
Address:		City:	State: Zip:
Email Address:		Phone:	

QUESTIONS Please attach a separate page with your answers to the questions below.

1. Why are you interested in working at Shepherds?
2. Experience which would qualify you for this position:
3. Experience with intellectually disabled individuals:
4. Autobiographical sketch: (Describe your personality, likes, dislikes, purpose in life, talents, abilities, etc...)
5. Are you a follower of Christ? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Statement of Faith? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are your personal convictions in total agreement with these Statement of Faith? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain:
8. Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you read Shepherds Biblical Responsibilities for Staff? <input type="checkbox"/> Yes <input type="checkbox"/> 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