

Shepherd of the Prairie Lutheran Church

Employment Application

Shepherd of the Prairie Lutheran Church is an equal employment opportunity employer. Our policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age (40 and over), disability, military status, genetic information or any other basis protected by applicable federal, state, or local laws. Shepherd of the Prairie Lutheran Church also prohibits harassment of applicants or employees based on any of these protected categories. It is also our policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions. If you require any assistance or reasonable accommodation as a result of any disability to complete this employment application or throughout the hiring process, please contact

[contact information or position]

Applicant Information Please complete all requested information. Use ink and print.							
Position Appl	ying For:		•	te Available to Work:	·	lary: \$	
Full Name:				_	-		
Address: Street Address						Apartmen	t/Unit #
	City				State	ZIP Code	
Phone:		Best Conta	ct Time:	Er	mail:		
	er used any other names ment or educational reco		are) nece	ssary for us to know in order	for us to verify	YES	NO
If yes, please	e provide other names: _						
Driver's License Number:Issuing State:		Issuing State:	Expiration Date:				
Have you ev	er worked for Shepherd o	f the Prairie C	hurch?			YES	NO
If yes, please	explain when and in who	ıt capacity: _					
Do you have any relatives or friends now employed at Shepherd of the Prairie Church?			YES	NO			
If yes, please	state their name(s)						
How did you	learn about the position?						
			Pe	ermission to Work			
Are you a cit	izen of the United States?	YES	NO	If no, are you authorized to	o work in the U.S.?	YES	NO
Will you now	or in the future require sp	onsorship for	employm	ent visa status (e.g. H-1B statu	ns)ś	YES	NO

Work Experience Phone: _____ Company: Supervisor: Address: _____ From: ______ To: Responsibilities: Reason for Leaving: _____ YES NO May we contact your previous supervisor for a reference? Phone: Company: Supervisor: From: Job Title: Responsibilities: Reason for Leaving: May we contact your previous supervisor for a reference? Company: Phone: Address: Supervisor: From: Job Title: To: Responsibilities: Reason for Leaving: ___ YES NO May we contact your previous supervisor for a reference? Company: Phone: _____ Supervisor: Address: __ From: ____ To: Job Title: __ Reason for Leaving: — NO YES

May we contact your previous supervisor for a reference?

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	Di '. d. d.	Education		
		, street, city, state and zip code		
School	Name and Location	Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/Technical				
		Military Service		
Branch:			From:	To:
Rank at Discharge:		Type of Discharge:		
If other than honorable, explo	iin:			
		References		
Please list three references.				
Full Name:			- Relationship:	
Email:	·		Phone:	
Years known:				
Full Name:			Relationship:	
Email:			Phone:	
Years known:				
Full Name:			Relationship:	
Email:				
Years known:				

	Criminal History					
ve you ever b	een convicted of a criminal offense?	YES	NO			
vou currently	have any criminal actions pending in which you are the Defendant?	YES	NO			
you correlliny	nave any criminal actions penaing in which you are the Defendant?	Ll YES	L NO			
e you currently	on probation or parole?					
	"Yes" to any of the above questions, please explain the nature of the offense and provide in which it occurred.	the dates of the offense an	d the			
	Applicant Statement and Acknowledgment					
	THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLET SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INIT					
Initial:	I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.					
Initial:	I recognize that this employment application is not an offer of employment. I agree that if I am hired by Shepherd of the Prairie Lutheran Church, I will be an at-will employee, meaning that either the Church or I may end the employment relationship at any time with or without cause or notice.					
Initial:	I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by Shepherd of the Prairie Lutheran Church.					
Initial:	— I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.					
Initial:	I understand that Shepherd of the Prairie Lutheran Church may share the information contained in this application with other Church employees for employment and administrative purposes and hereby consent to such transfer.					
Initial:	I hereby authorize, to the full extent allowed by law, Shepherd of the Prairie Lutheran Church to contact my references, prior employers and education providers for information concerning me and authorize the references, employers and education providers I have listed and to disclose to the Church information related to me, my employment history and qualifications for the position for which I am applying.					
Initial: I understand and expressly agree that if employed by Shepherd of the Prairie Lutheran Church, storage ar provided for me (locker, desk, etc.) are open to investigation by the Church without prior notice to me.						
Initial:	I agree to undergo a pre-employment physical examination consistent with federal of	and state law.				
Initial:	I agree to submit to legally permissible drug testing upon an offer of employm Lutheran Church and prior to starting work. I agree that any offer of employmen completing the testing process to the extent legally permissible.					
Initial:	If employed, I understand that I must conform to the rules and regulations of She Church.	pherd of the Prairie Luther	an			
understanding	pelow certifies that I agree to be bound by the terms and conditions stated in this applications stated in this applications stated in the Prairie Lutheran Church and me concerning the topics addressent understandings between Shepherd of the Prairie Lutheran Church and me on such issue	ed herein and supercedes	any			
Print Name:		Date:				
Signature:		<u> </u>				