

GOOD SHEPHERD LUTHERAN SERVICES

Employment Application



In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

APPLICANT INFORMATION																			
Last Name						First				M.I.		Date							
Street Address										Apartment/Unit #									
City						State				ZIP									
Phone						E-mail Address													
Date Available						Rate of pay expected													
Position Applied for												<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Temporary		<input type="checkbox"/> Seasonal	
Have you ever worked for this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?													
GENERAL																			
Are you currently employed? _____ If not, when was your last day employed?																			
Who referred you? _____																			
EDUCATION																			
High School						Address													
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree									
College						Address													
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree									
Other						Address													
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree									
REFERENCES																			
<i>Please list three professional references.</i>																			
Full Name						Relationship													
Company						Phone													
Address																			
Full Name						Relationship													
Company						Phone													
Address																			
Full Name						Relationship													
Company						Phone													
Address																			

PREVIOUS EMPLOYMENT STARTING WITH THE MOST CURRENT			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
<p>I certify that answers given herein are true and complete.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.</p>	
Signature	Date