

# APPLICATION FOR EMPLOYMENT

## GOOD SHEPHERD LUTHERAN CHURCH, DOWNERS GROVE, IL

**INSTRUCTIONS:** *Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page.

It is the policy of Good Shepherd Lutheran Church to consider all applicants for employment or service as a volunteer without regard to age, race, color, handicap (disability), marital status, national origin, ancestry, military reserve status or any other unlawful basis.

|   |      |                           |                |
|---|------|---------------------------|----------------|
| <b>PERSONAL</b>   |      | Social Security No. _____ |                |
| NAME _____  |      |                           |                |
| <i>(Please print)</i>   | Last | First                     | Middle Initial |
| ADDRESS _____   |      |                           |                |
| Street  | City | State                     | Zip            |
| HOME PHONE NO.: ( ) _____   |      | ALTERNATE NO.: ( ) _____  |                |
| Position or type of employment desired _____  |      |                           |                |
| Available for: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer  |      |                           |                |
| Date Available _____  |      |                           |                |
| Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, indicate date of birth _____   |      |                           |                |
| Have you the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Hiring is subject to verification that applicant meets legal age and U.S. work permit requirements.</i> |      |                           |                |
| Have you ever been convicted of a crime or are there any criminal charges pending against you? If yes, describe in full the facts involved including dates.*  |      |                           |                |
| _____   |      |                           |                |
| * A criminal conviction or pending charges will not necessarily bar an applicant from employment.   |      |                           |                |
| I have previously <input type="checkbox"/> Applied for employment at Good Shepherd <input type="checkbox"/> _____ Been employed by Good Shepherd <input type="checkbox"/> N/A                                     |      |                           |                |
| Dates? _____  |      |                           |                |
| Can you perform the essential functions of the position with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |      |                           |                |
| Are you a current member of the Wisconsin Ev. Lutheran Synod? <input type="checkbox"/> Yes <input type="checkbox"/> No  |      |                           |                |
| If no, are you a member of a similar religious denomination? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please indicate _____  |      |                           |                |
| As a religious employer, Good Shepherd gives preference to WELS members or members of similar religious denominations for positions related to our religious teachings and beliefs.                               |      |                           |                |
| _____   |      |                           |                |

I applied at Good Shepherd as a result of  church bulletin  friend  relative  employee  other

**EDUCATION**

| Name                     | City | State | Major Subject | Degree/Diploma |
|--------------------------|------|-------|---------------|----------------|
| High School              |      |       |               |                |
| College                  |      |       |               |                |
| College                  |      |       |               |                |
| Graduate School          |      |       |               |                |
| Business, Trade or other |      |       |               |                |

**SKILLS** Please list any other special training, skills and experience which will help you at Good Shepherd. Importantly, list all office equipment you can operate and software you have used or on which you are trained.

Software:

- MS Word
- MS Excel
- Other \_\_\_\_\_

**EMPLOYMENT RECORD** Beginning with your present or last position, list the last three jobs you have held.\*

|   |               |                    |
|---|---------------|--------------------|
| Current or Last Employer  | Supervisor    | Salary             |
| Address   |               | Phone              |
| Dates Employed<br>From:            To:  | Position Held | Reason for Leaving |
| Duties  |               |                    |
| Specific Equipment Operated:  |               |                    |
| May we contact present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |                    |
| Employer  | Supervisor    | Salary             |
| Address   |               | Phone              |
| Dates Employed<br>From:            To:  | Position Held | Reason for Leaving |
| Duties  |               |                    |
| Specific Equipment Operated: _____  |               |                    |

|  |               |                    |
|--|---------------|--------------------|
| Employer   | Supervisor    | Salary             |
| Address  |               | Phone              |
| Dates Employed<br>From:                      To: | Position Held | Reason for Leaving |
| Duties   |               |                    |
| Specific Equipment Operated:                     |               |                    |

| <p><b>WORK PREFERENCES</b></p> <p>Are you willing to travel? _____</p> <p>Are you willing to relocate? _____</p>  |         |               |               |            |  |  |  |  |  |  |  |  |
|---|---------|---------------|---------------|------------|--|--|--|--|--|--|--|--|
| <p><b>REFERENCES</b></p> <p>List at least two responsible adults who have knowledge of your work ethic, experience, and ability. (Do not include relatives.)</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>TELEPHONE NO.</th> <th>OCCUPATION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | NAME    | ADDRESS       | TELEPHONE NO. | OCCUPATION |  |  |  |  |  |  |  |  |
| NAME  | ADDRESS | TELEPHONE NO. | OCCUPATION    |            |  |  |  |  |  |  |  |  |
|   |         |               |               |            |  |  |  |  |  |  |  |  |
|   |         |               |               |            |  |  |  |  |  |  |  |  |

\* If additional work history is pertinent, please attach additional documents.

**As an applicant for employment with Good Shepherd Lutheran Church, I understand the following:**

- X        This application will remain on active file for one (1) year. If I am hired within this period, this form will be transferred to my individual personnel file.
- X        If I am not hired within one (1) year, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Good Shepherd
- X        Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.
- X        If my application for employment is accepted, the effective date of my employment shall be the time I actually begin to work. The first 90-180 days of my employment will be an orientation period.
- X        My employment is not guaranteed for any term, and my employment may be terminated by Good Shepherd or myself at any time and for any reason. No Good Shepherd official is authorized to make any oral assurance or promise of continued employment.
- X        All information (including information on any accompanying resume) is subject to verification.
- X        I authorize and consent to my current and prior employers, educational institutions, and persons or organizations named in this application (or accompanying resume) to release any information to Good Shepherd that may be required to make an employment decision.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization for Release of Data

I certify that the facts set forth in this application are true and complete, and I authorize investigation of the statements I have made.

I release from any and all liability all representatives of the Good Shepherd Lutheran Church for their acts performed in good faith and without malice in connection with evaluating my application, credentials, and qualifications. I also release from any and all liability all individuals and organizations who provide information to Good Shepherd in good faith and without malice concerning my employment competence, ethics, character and other qualifications, including other privileged or confidential information.

I understand that my employment at Good Shepherd is contingent upon the satisfactory investigation of my work record and references.

A reprographic or facsimile copy of this authorization is as effective as the original.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

## Self-Disclosure Form

### Self-disclosure form for applicants for posts involving contact with children and/or vulnerable adults

(Organization name) ..... is committed to safeguarding children from physical, sexual and emotional harm. As part of our Child Protection policy, we require applicants for posts involving contact with children to complete this self-disclosure form. Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

**Name:**

.....

**1. Have you ever been convicted of any criminal offences?** YES  NO

**If yes, please supply details of any criminal convictions.** \_\_\_\_\_

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Note: You are advised that under the provisions of the Rehabilitation of Offenders Act 1974, Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 you should declare all convictions including 'spent' convictions, cautions, warnings and reprimands.

**2. Are you a person known to any Children and Families Social Care Department as being an actual or potential risk to children?** YES  NO

**If yes, please supply details.** \_\_\_\_\_

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**3. Have you ever had any disciplinary sanction relating to child abuse?** YES  NO

**If yes, please supply details.** \_\_\_\_\_

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I declare that to the best of my knowledge the information given above is correct and understand that any misleading statements or deliberate omission may be sufficient grounds for cancelling my appointment. I understand that I may be asked to apply for a Criminal Records Disclosure and consent to do so if required. I understand that the information contained in this form and in the Disclosure may be disclosed, where strictly necessary, to regulatory bodies and/or third parties who have an interest in child protection issues.

Signed: ..... Date: .....