

# Shepherd's Dream

# Employment Application

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on the application. You may attach a resume, but this application must also be completed.

Position you are applying for:						
<b>PERSONAL DATA</b>						
Name:						
Street Address:			City:	State:	Zip:	
Mailing Address:			City:	State:	Zip:	
Home Phone:		Mobile Phone:		E-mail Address:		
Date you can start work:		Salary Desired:				
<b>DESIRED POSITION INFORMATION</b> Check all that apply						
Hours: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Supplemental		<input type="checkbox"/> Days <input type="checkbox"/> Evenings		<input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends		
				Status: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary		
Do you have a relationship (relative or friend) to any current employee? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:						
Employee's Name:		Relationship to you:		Position with us:		
<b>QUALIFICATIONS</b> Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.						
	School Name Address/City/State		No. of Years Completed	Did You Graduate?	Degree Received	Areas of Specialization
High School						
College						
Vocational/ Technical/Other						
<b>SPECIAL SKILLS</b> Please list any special skills or experience that you feel would help you in the position that you are applying for.						
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<b>REFERENCES</b> Please list three professional references not related to you with full name, address, phone number, and relationship. If you don't have three professional references, list personal, unrelated references.						
Name		Address/City/State		Phone		Relationship
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>WORK HISTORY</b> List all present and past employment starting with your most recent employer.		
Job Title:	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name:	Supervisor's Name:	Phone Number:
Address	City/State	Zip
Duties:		
Reason for Leaving:		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Job Title:	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name:	Supervisor's Name:	Phone Number:
Address	City/State	Zip
Duties:		
Reason for Leaving:		

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Address	City/State	Zip
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Company Name:	Supervisor's Name:	Phone Number:
Address	City/State	Zip
Duties:		
Reason for Leaving:		

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to (Int'ls) my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my (Int'ls) chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.