

# Our Shepherd Child Care Center and Family Ministry

## Employment Application

Today's Date \_\_\_\_\_

It is the policy of Our Shepherd Child Care and Family Ministry to consider all applicants for employment without regard to age, race, color, handicap (disability), marital status, national origin, ancestry, military reserve status or any other unlawful basis.

**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 an additional sheet of paper.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ May we leave a message on your answering machine?  Yes  No

Alternate Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am applying at Our Shepherd as a result of:

church bulletin  friend  relative  employee  other \_\_\_\_\_

Position or type of employment desired \_\_\_\_\_  Part-time  Full-time  
Date you are available to start \_\_\_\_\_  
Are you a current member of the Wisconsin Ev. Lutheran Synod?  Yes  No  
If no, are you a member of a similar religious denomination?  Yes  No If yes, please indicate \_\_\_\_\_  
As a religious employer, Our Shepherd Child Care and Family Ministry gives preference to WELS members or members of similar religious denominations for positions related to our religious teachings and beliefs.

**Education** Circle highest grade completed: High School 9 10 11 12  
College or Technical School: 1 2 3 4

High School	Location
College/University	
Vocational, Business, Other	
List Any Professional Designations	
Any additional skills, studies, or training related to position desired:	

**Employment History**

Please state your last three positions held, beginning with the most recent

Employed from (date)        /        /	Employer Name	Supervisor Name
Employed until (date)        /        /	Employer Address	Supervisor Phone #
Job Title		Reason for Leaving
Duties & Responsibilities		

Employed from (date)        /        /	Employer Name	Supervisor Name
Employed until (date)        /        /	Employer Address	Supervisor Phone #
Job Title		Reason for Leaving
Duties & Responsibilities		

Employed from (date)        /        /	Employer Name	Supervisor Name
Employed until (date)        /        /	Employer Address	Supervisor Phone #
Job Title		Reason for Leaving
Duties & Responsibilities		

May we contact your current employer for references?

 Yes  No

Are you under 18 years of age?

 Yes  No

If yes, indicate date of birth \_\_\_\_\_

Have you the legal right to work in the U.S.?

 Yes  No

(Hiring is subject to verification that applicant meets legal age and Wisconsin Child Care licensing requirements.)

If hired, will you be able to work overtime?

 Yes  No

Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?

 Yes  No

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.\*

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\*A criminal conviction or pending charges will not necessarily bar an applicant from employment.

## References

List at least two responsible adults who have knowledge of your work ethic, experience, and ability. (Do not include relatives.)

Name	Phone Number	How do you know this person/For how long?
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As an applicant for employment with Our Shepherd Child Care, I understand the following:

- ✦ 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.
- ✦ 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 Our Shepherd.
- ✦ 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.
- ✦ 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 days of my employment are a probationary period.
- ✦ My employment is not guaranteed for any term, and my employment may be terminated by Our Shepherd or myself at any time and for any reason. No official from Our Shepherd is authorized to make any oral assurance or promise of continued employment.
- ✦ All information (including information on any accompanying resume) is subject to verification.
- ✦ 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 Our Shepherd Child Care and Family Ministry that may be required to make an employment decision.

### Authorization for Release of Data

I certify that the information I have supplied in this application are true and complete, and I authorize investigation of the statements I have made.

I release from any and all liability any representatives of Our Shepherd Child Care and Family Ministry or Bethany Lutheran Church for their acts performed in good faith and without malice in connection with connection with evaluating my application, credentials and qualifications. I also release from any and all liability any individuals and organizations who provide information to Our Shepherd/Bethany Lutheran Church 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 Our Shepherd Child Care 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.

I hereby acknowledge that I have read and agree to the above statements.

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*Applicant Signature*

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*Date*