

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Shepherd of the Lake Lutheran Church (SOLLC) fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state and/or local employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, The Company maintains a smoke- free workplace.

Position(s) Applying For:					
PERSONAL DATA					
Name:Last	Middle	First			
Street Address:					
City:	State:	Zip Code:			
Mobile Phone:					
If you are under 18 years of age, please sponly for child labor law purposes).	pecify your age: (T	his information will be used			
*Note: It is not necessary for you to identify practice or any other protected classification. reasonable accommodation can be made.					
How did you learn of SOLLC?					
Have you ever applied or worked at SOLLC	before? □ Yes □ No				
If yes, provide dates:					

Are you legally authorized to work in the United States?

Yes
No

Will you now or in the fut □ Yes □ No	ture requ	uire s	ponsorship	for employme	nt visa status (e	e.g.,H-1B visa	status)?
Note: The Federal Immig Employment Eligibility Ve business days of beginni establishing his/her ident a condition of employment	erification ng work ity and a	n "Fo	rm I-9" be or y new hire	completed for e must present t	every new hire a to the employer	and that withir documentation	on
EDUCATION Describe any educational	EDUCATION Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:					job applied for:	
Name, City and State of Educational Institution	Graduated		If no, Degree	Type of Degree	Major	Minor	Grade Point/
	Yes	No	Credits Earned	Received or Expected			Overall GPA
High School							
College or University							
Technical/GED							
Licenses/ Certification/ Other							
Please complete for all fu include as part of your em should start with their most (10) years of history. (A se history.	II-time o nployme st recen	r part nt his t job,	-time emplo tory any ve include mili	rified work perfetary assignmen	ormed on a volutary	unteer basis. <i>A</i> y employment	All applicants and provide ten
Company Name:						ephone:	
Address: Name of Supervisor: Dates Employed: From: State job titles and described: Reason for leaving:	ribe job	dutie	_To: s:		May we cor		
Reason for leaving:	· · · · · · · ·						

Company Name: Address:	Telephone:
Name of Supervisor:	May we contact: □ Yes □ No
Dates Employed: From:To:	
State job titles and describe job duties:	
Reason for leaving:	
Company Name:	Telephone:
Address:	
Name of Supervisor:To:To:	
State job titles and describe job duties:	
Reason for leaving:	
Did you receive any discipline in your last 12 month ☐ Yes ☐ No If yes, please explain:	ns of active employment with your previous employer?
Have you signed any non-competition or non-so any other employer that might restrict you from copy of the agreement if you are being consider ☐ Yes ☐ No	olicitation agreement or any other kind of agreement with working for the Company (you will be required to furnish a red for hire)?
If yes, please explain:	
PROFESSIONAL REFERENCES have worked who know your qualifications for this p	(Please list three individuals unrelated to you with whom you position.)

NAME	ADDRESS	PHONE	RELATIONSHIP

MILITARY (Complete only if you served in the military.)
Branch of Service:Number of Years /Months of Service:
Rank at Discharge;Date of Discharge:
Describe any military skills, training or experience you believe are relevant to the job you applied for:

APPLICANT'S ACKNOWLEDGMENT
I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.
I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.
I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.
I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.
I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF THE COMPANY.
I understand I may be required to qualify for employment based on background check. If I am offered employment or start work before the background check is completed, I understand that my employment is contingent on a satisfactory result of the background check

Signature: _____ Date: _____