

**Good Shepherd Lutheran Church**  
1208 Rose Creek Drive  
Woodstock, GA 30189  
(770) 924-7286  
www.goodshepherdwoodstock.org

## EMPLOYMENT APPLICATION

***An Equal Opportunity Employer***

*Type or print clearly in ink and sign this application.  
If you do not do so, the application will be returned.*

*You must complete the application even if you are submitting a resume.*

Good Shepherd Lutheran Church is an equal opportunity employer and does not discriminate in recruiting, hiring, compensation, promotion or other employment terms based on race, color, religion, national origin, citizenship, sex, age, disability, or veteran status. This applies to all categories of employment: management, professional, technical, and all other staff positions.

All employment decisions will be made solely upon the basis of the individual's qualifications as related to the requirements of the position being filled. The information requested in this application will be used in a nondiscriminatory manner.

If you are certified, registered or licensed in your profession, you will be asked to provide proof of your professional standing.

In accordance with the immigration and Reform Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective team members. Failure to establish such proof will prohibit or discontinue employment.

In order to be considered for employment, you should attach the following:

- Copy of Driver's License
- Certification/Professional License (*if applicable*)

**CERTIFICATION:** Read carefully before signing and dating. Unsigned applications will be returned.

I certify that all information on this application is correct. I authorize any agent or employee of Good Shepherd Lutheran Church to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law. I further certify that either: 1) I have not pled guilty or been convicted of a drug-related criminal offense; or 2) if I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction, or more than five (5) years since a second or subsequent conviction.

|           |      |
|-----------|------|
| X         | X    |
| Signature | Date |

## GENERAL INFORMATION

Social Security Number

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| □ | □ | □ | - | □ | □ | - | □ | □ | □ | □ |
|---|---|---|---|---|---|---|---|---|---|---|

Daytime Telephone Number

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| □ | □ | □ | - | □ | □ | - | □ | □ | □ | □ |
|---|---|---|---|---|---|---|---|---|---|---|

|                                                                                 |  |            |          |               |               |
|---------------------------------------------------------------------------------|--|------------|----------|---------------|---------------|
| Last Name                                                                       |  | First Name |          |               | Middle Init.  |
| Birth, Maiden or Other Names Used Past and Present                              |  |            |          | Email Address |               |
| Street Address                                                                  |  |            |          |               | Apartment No. |
| City                                                                            |  | State      | Zip Code | County        |               |
| In the event of an emergency please indicate the person you wish us to contact: |  |            |          |               |               |
| Name                                                                            |  | Address    |          | Phone Number  |               |

## PERSONAL RECORD

1. Are you Age 18 or older?  YES  NO
2. Have you ever applied to Good Shepherd Lutheran Church?  YES  NO If yes, when? \_\_\_\_\_
3. Have you ever been employed by Good Shepherd Lutheran Church?  YES  NO If yes, when & where? \_\_\_\_\_
4. Are you related to any Good Shepherd Lutheran Church employees?  YES  NO If yes, give name(s) and relationship(s)  
\_\_\_\_\_
5. Are you a United States citizen?  YES  NO
6. Are you an alien authorized to work in the United States?  YES  NO  N/A If yes, provide visa type \_\_\_\_\_
7. Military service \_\_\_\_\_ Branch \_\_\_\_\_ Date entered \_\_\_\_\_  
Date discharged \_\_\_\_\_ Type of discharge \_\_\_\_\_
8. Reserve status (if applicable) \_\_\_\_\_
9. Have you ever been convicted of a crime other than a minor traffic violation?  YES  NO If yes, please explain  
\_\_\_\_\_
10. Have you ever been convicted of a felony?  YES  NO If yes, attach an explanation.
11. What type of employment are you interested in?  Full Time  Part Time  Temporary
12. Positions applied for (limit of 3 at one time):      1.                                      2.                                      3.
13. Minimum pay required: \$ \_\_\_\_\_ / hr

### EDUCATION:

High School Graduate or Vocational/Business School:      No. of Months:      Field of Study:      Date Completed:  
Equivalent (GED)?  Yes  No

#### PLEASE LIST EXACT COLLEGE AND GRADUATE STUDIES BELOW:

| NAME OF COLLEGES<br>OR UNIVERSITIES ATTENDED | FIELD/AREA OF CONCENTRATION |       | TYPE OF DEGREE<br>(BA/BS/MA/PhD) | DATE DEGREE<br>COMPLETED |
|----------------------------------------------|-----------------------------|-------|----------------------------------|--------------------------|
|                                              | Major                       | Minor |                                  |                          |
|                                              |                             |       |                                  |                          |
|                                              |                             |       |                                  |                          |
|                                              |                             |       |                                  |                          |
|                                              |                             |       |                                  |                          |
|                                              |                             |       |                                  |                          |
|                                              |                             |       |                                  |                          |

| LICENSES AND CERTIFICATIONS |                             |                            |                      |
|-----------------------------|-----------------------------|----------------------------|----------------------|
| Type of License/Certificate | Specialization/Endorsements | License/Certificate Number | Expiration (Mo./Yr.) |
|                             |                             |                            |                      |
|                             |                             |                            |                      |
|                             |                             |                            |                      |
|                             |                             |                            |                      |
|                             |                             |                            |                      |

| PERSONAL REFERENCES (CANNOT BE RELATIVES) |              |         |         |
|-------------------------------------------|--------------|---------|---------|
| Name                                      | Relationship | Address | Phone # |
|                                           |              |         |         |
|                                           |              |         |         |
|                                           |              |         |         |

| SKILLS (Check all that apply)                                 |                                     |                                           |                                      |
|---------------------------------------------------------------|-------------------------------------|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Data Entry                           | <input type="checkbox"/> Typing WPM | <input type="checkbox"/> Calculator touch | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Foreign Language (level of fluency): |                                     |                                           |                                      |
| <input type="checkbox"/> Personal computer (list software):   |                                     |                                           |                                      |

| WORK HISTORY (Last 15 years beginning with present or most recent experience) Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need additional space attach additional sheets, which contain the same information requested in this section. Include the number and types of employees under your supervision and give percentage of time for each duty. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. |                                                                                                 |          |                                                                                                |                                 |                                                                                     |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|---------------|
| Are you employed? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |          | May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                 |                                                                                     |               |
| Current or Last Employer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |          | Your Job Title:                                                                                |                                 |                                                                                     |               |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |          | From (month/year)                                                                              | To (month/year)                 | Hours per Week:                                                                     |               |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State                                                                                           | Zip Code | Check One: <input type="checkbox"/> Paid<br><input type="checkbox"/> Volunteer                 | <input type="checkbox"/> Intern | Check One: <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time | Annual Salary |
| Your Supervisor's Name and Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |          | May We Contact Employer?<br><input type="checkbox"/> YES <input type="checkbox"/> NO           |                                 | Your Supervisor's Phone Number<br>( )                                               |               |
| Reason for Leaving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |          | # and types of employees you supervised:                                                       |                                 |                                                                                     |               |
| %                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Describe in detail your job duties and the average percent of work time you spent on each duty. |          |                                                                                                |                                 |                                                                                     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |          |                                                                                                |                                 |                                                                                     |               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |          |                                                                                                |                                 |                                                                                     |               |

**WORK HISTORY** Continue additional work history below. If you need more space, attach additional sheets which contain the same information requested in this section.

|                                  |                                                                                                 |          |                                                                                      |                                                                  |                                                                                     |
|----------------------------------|-------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Employer:                        |                                                                                                 |          | Your Job Title:                                                                      |                                                                  |                                                                                     |
| Address                          |                                                                                                 |          | From (month/year)                                                                    | To (month/year)                                                  | Hours per Week:                                                                     |
| City                             | State                                                                                           | Zip Code | Check One:<br><input type="checkbox"/> Volunteer                                     | <input type="checkbox"/> Paid<br><input type="checkbox"/> Intern | Check One: <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time |
| Your Supervisor's Name and Title |                                                                                                 |          | May We Contact Employer?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                  | Your Supervisor's Phone Number<br>( )                                               |
| Reason for Leaving               |                                                                                                 |          | # and types of employees you supervised:                                             |                                                                  |                                                                                     |
| %                                | Describe in detail your job duties and the average percent of work time you spent on each duty. |          |                                                                                      |                                                                  |                                                                                     |
|                                  |                                                                                                 |          |                                                                                      |                                                                  |                                                                                     |
|                                  |                                                                                                 |          |                                                                                      |                                                                  |                                                                                     |
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|                                  |                                                                                                 |          |                                                                                      |                                                                  |                                                                                     |
|----------------------------------|-------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Employer:                        |                                                                                                 |          | Your Job Title:                                                                      |                                                                  |                                                                                     |
| Address                          |                                                                                                 |          | From (month/year)                                                                    | To (month/year)                                                  | Hours per Week:                                                                     |
| City                             | State                                                                                           | Zip Code | Check One:<br><input type="checkbox"/> Volunteer                                     | <input type="checkbox"/> Paid<br><input type="checkbox"/> Intern | Check One: <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time |
| Your Supervisor's Name and Title |                                                                                                 |          | May We Contact Employer?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                  | Your Supervisor's Phone Number<br>( )                                               |
| Reason for Leaving               |                                                                                                 |          | # and types of employees you supervised:                                             |                                                                  |                                                                                     |
| %                                | Describe in detail your job duties and the average percent of work time you spent on each duty. |          |                                                                                      |                                                                  |                                                                                     |
|                                  |                                                                                                 |          |                                                                                      |                                                                  |                                                                                     |
|                                  |                                                                                                 |          |                                                                                      |                                                                  |                                                                                     |
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|                                  |                                                                                                 |          |                                                                                      |                                                                  |                                                                                     |
|                                  |                                                                                                 |          |                                                                                      |                                                                  |                                                                                     |

**UNEMPLOYMENT RECORD:** Account for all periods of unemployment due to non-medical reasons during the last five years or since you left school (4 weeks duration or longer).

| From  | To    | Reason |
|-------|-------|--------|
| _____ | _____ | _____  |
| _____ | _____ | _____  |
| _____ | _____ | _____  |
| _____ | _____ | _____  |

# Good Shepherd Lutheran Church

## EMPLOYMENT AGREEMENT

### Important Information – Please Read Before Signing

1. I understand that this application is intended for information purposes only. Neither this application nor any other communication by the corporation's representatives, written or oral, establishes an employment contract other than the one terminable at will by the corporation or the applicant. Good Shepherd Lutheran Church and its employees have the right to terminate the employment relationship with or without cause at any time. No communication or practice limits the reasons or procedures for termination or modification of the employment relationship.
2. I agree to have a drug and/or alcohol screen whenever required by Good Shepherd Lutheran Church at the expense of Good Shepherd Lutheran Church.
3. If hired I agree to inform my employer of any crime I am convicted of or to which I pled guilty that occurs during the course of my employment.
4. I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application will prohibit my employment or will be grounds for immediate dismissal whenever such omission or misinformation is discovered.
5. I understand this application will only remain active for ninety (90) days. If employment does not occur within this time period, I understand I must reapply in person in order to reactivate my application.
6. I acknowledge that I have read and understand each of the above statements.

X \_\_\_\_\_

**Employee Signature**

X \_\_\_\_\_

**Date**