



# Employment Application

PERSONAL INFORMATION				
Last Name		First	Middle	Primary Phone
Street Address			Social Security Number	Alternate Phone
City		State	Zip	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Have you ever applied for employment with Good Shepherd? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when/what position?		
Have you ever worked for Good Shepherd? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", when/what position?			If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT INTERESTS				
Position applied for (please be specific):		Location: <input type="checkbox"/> Sauk Rapids <input type="checkbox"/> Becker <input type="checkbox"/> Either	Salary desired: <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Year	Date available for work:
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Other: _____		Are you available to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Rotation		Number of hours desired per week:
How were you referred to our company? <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Website (Name) _____ <input type="checkbox"/> Other (Please specify) _____				
EDUCATION INFORMATION				
School Level	Name of School and City/State	Courses Studied	Did You Graduate?	Degree or Diploma?
High school			<input type="checkbox"/> Y <input type="checkbox"/> N	
Technical; Vocational; Business or Military Training			<input type="checkbox"/> Y <input type="checkbox"/> N	
Nursing Assistant Course: I have successfully completed the 75-hour Nursing Assistant course			<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			<input type="checkbox"/> Y <input type="checkbox"/> N	
Other			<input type="checkbox"/> Y <input type="checkbox"/> N	
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				
Type	State Issued	Expiration Date	License Number	
<input type="checkbox"/> LPN				
<input type="checkbox"/> RN				
<input type="checkbox"/> Social Worker				
<input type="checkbox"/> Cosmetologist License				
<input type="checkbox"/> Boiler's/Engineer License			Type:	
<input type="checkbox"/> Driver's License (for driving position requirements only)			Type:	
<input type="checkbox"/> CNA/NAR <input type="checkbox"/> HHA			Are you on the registry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	Registry Number:
<input type="checkbox"/> Other:				
Please describes any other skills that would qualify you for this position:				

**EMPLOYMENT INFORMATION** Please *fully* complete this section. Begin with your most recent or current employer (including military experience). Please do not specify "See Resume".

<b>1</b>	Company Name			Phone		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? If no, why? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Company Name			Phone		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? If no, why? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3</b>	Company Name			Phone		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? If no, why? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>4</b>	Company Name			Phone		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? If no, why? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Company Name			Phone		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? If no, why? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCES – Please list three work or education related references below. Do not include friends or relatives.**

	Name	Daytime Phone	Organization	Occupation	Relationship	Years Known
<b>1</b>						
<b>2</b>						
<b>3</b>						

**Applicant's Statement of Agreement - Please read carefully and sign below**

I certify that all information I have provided to apply for and secure work with Good Shepherd is true, complete and correct. I agree to any and all pre-placement screenings required by Good Shepherd. Further I understand that my employment is contingent upon the successful completion of the pre-placement screenings, should a job offer be extended, which may include, but is not limited to, a pre-placement physical screening and a criminal background screening.

I understand that any information provided by me that is found to be false, incomplete (including omission of facts) or misrepresented in any respect, and at any time, will be sufficient cause to cancel further consideration of this application or if I am employed, immediately discharge me from employment, regardless of tenure, whenever this incorrect, incomplete or misrepresented information is discovered.

I acknowledge that consideration for employment is contingent on the results of verifying the accuracy of all information provided by me in this application, accompanying resume and/or job interview. I authorize any representative of Good Shepherd to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions to investigate the truthfulness of all statements made on the application, accompanying resume and/or in the job interview and to discuss the results of any investigation with other employees of Good Shepherd involved in the hiring process.

I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide Good Shepherd with all documents and information that it requests, that may be useful in making a hiring decision. I understand that this application may need to be provided to any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) as proof of this authorization. I release and waive any and all claims I may have against any individual or organization as a result of their cooperation with Good Shepherd's request for information.

I understand that if hired, emergency conditions or staffing needs may require that my hours increase or decrease and/or my shift may change and agree to such scheduling changes as directed by my supervisor or the management of Good Shepherd.

In consideration of employment, I agree to obey the rules and standards of Good Shepherd. I understand that nothing contained in this application or in the interview process is intended to create a contract between Good Shepherd and myself for either employment or for the providing of any benefits. I understand that if I am hired, that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or Good Shepherd. I understand that any oral or written statements/documents to the contrary are not binding for Good Shepherd and I will not rely on them.

I understand this application remains current for only 90-days and only for the position I indicated on the 'position applied for' question. At the conclusion of this 90-day period, if I still want to be considered for employment I will need to reapply by completing a new application.

I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I understand that Good Shepherd uses an electronic signature and agree that when I click the Submit button below, I have consented to the use of the electronic signature method to sign this employment application.

Applicant Signature:

Date:

**Good Shepherd is an equal opportunity employer (EOE). We are dedicated to a policy of nondiscrimination in employment on any basis, including race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, status in regards to public assistance, sexual orientation, member or activity in a local commission, marital status, or any other protected class. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.**

The Good Shepherd Community

1115 Fourth Avenue North, Sauk Rapids, MN 56379 | Ph 320.252.6525 | [www.goodshepherdcampus.org](http://www.goodshepherdcampus.org)

**Good Shepherd Community Affirmative Action Applicant Survey**  
*(COMPLETION OF THIS FORM IS VOLUNTARY)*

Good Shepherd considers each applicant without regard to race, color, religion, sex, national origin, citizenship, age, disability, disabled veteran or Vietnam-era veteran status, sexual orientation, or any other protected status. As an employer taking affirmative action to ensure the removal of any possible discrimination, we comply with all applicable state and federal laws governing employment practices. In an effort to comply with government record-keeping and reporting requirements, we invite you to complete this Applicant Survey Form on a voluntary basis. This survey is not part of your official application for employment and will not be used for interview purposes or hiring decisions.

Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Date: \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  Male  Female

**Race/Ethnic Group:**

- White (not Hispanic or Latino)** - persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- Black or African American (not Hispanic or Latino)** - persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** - persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino)** - persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino)** - persons having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- Hispanic or Latino** - persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

**Check all that applies:**

- Disabled Individual** – A person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such impairment.
- Special Disabled Veteran** - A person who (1) is entitled to disability veteran compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more or rated 10-20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106; or (2) was discharged or released from active because of a service-connected disability.
- Vietnam Era Veteran** - A veteran who is honorably discharged and served more than 180 days of active duty between August 5, 1964 and May 7, 1975; or (2) was discharged or released from active because of a service-connected disability between August 5, 1964 and May 7, 1975.
- Newly Separated Veteran** - A veteran who served on active duty in the U.S. Military during the one year period beginning on the date of such discharge or release from active duty.
- Other Protected Veteran** - A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.