



APPLICATION FOR EMPLOYMENT
17314 S. Kedzie, Hazelcrest, IL 60429

EQUAL OPPORTUNITY EMPLOYER

Good Shepherd Center considers applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: _____ Date of Application: _____

Are you interested in? Full time _____ Part time _____ Temporary _____

Are you able and willing to work: Weekends _____ Night shift _____ Evening Shift: _____

How did you learn of Good Shepherd Center? _____ Referred by current employee? _____
Name

NAME: _____ PHONE # : _____

LAST FIRST MIDDLE

ADDRESS: _____

NUMBER STREET CITY STATE ZIP

EMAIL ADDRESS: _____

_____ Have you filed an application with Good Shepherd Center before? _____ If yes give dates:

Have you ever been employed by Good Shepherd Center? _____ If yes give dates:

_____ Are any members of your immediate family currently employed with Good Shepherd Center?

If yes, please provide name and department.

If currently employed, may we contact your employer? When are you available to begin work?

Are you legally permitted to be employed in the United States? _____
(Proof of citizenship or immigration status will be required upon offer of employment)

NOTICE TO A PPLICANTS

GOOD SHEPHERD CENTER MAINTAINS A DRUG FREE WORK ENVIRONMENT
Screening tests for alcohol and illegal drug use may be required as a condition of
employment and throughout your employment with GOOD SHEPHERD CENTER



EDUCATIONAL BACKGROUND:

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? _____

HIGH SCHOOL ATTENDED OR GRADUATED FROM _____

Name City State

VOCATIONAL SCHOOL: _____ Graduated: _____

Name City State Yes/No

Course of Study: _____

UNDERGRADUATE COLLEGE/UNIVERSITY: _____
Name City State

Major: _____ Minor: _____ Degree: _____

GRADUATE COLLEGE/UNIVERSITY: _____
Name City State

Major: _____ Minor: _____ Degree: _____

OTHER EDUCATIONAL EXPERIENCE:

LIST CERTIFICATIONS OR

PROFESSIONAL LICENSES: _____

LIST ANY COURSES OR SPECIAL TRAINING RELEVANT TO THE POSITION YOU APPLIED FOR:

LIST ANY SPECIAL SKILLS RELEVANT TO THE POSITION YOU APPLIED FOR:

LIST ANY PROFESSIONAL, TRADE, BUSINESS, OR COMMUNITY ORGANIZATIONS YOU ARE INVOLVED WITH WHICH MAY BE RELEVANT TO THE POSITION YOU APPLIED FOR: (You may exclude organization names that would reveal gender, religion, national origin, age, disability, ancestry, sexual orientation or other protected status).

HIGH SCHOOL DIPLOMA OR GED ATTACHED? YES _____ NO _____

COLLEGE OR UNIVERSITY DIPLOMA ATTACHED? YES _____ NO _____

RESUME ATTACHED? YES _____ NO _____



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EMPLOYMENT HISTORY:

Start with your current or most recent job. Include military service and volunteer activities. (You may exclude organization names that would reveal gender, religion, national origin, age, disability, ancestry, sexual orientation or other protected status).

1. Employer:	Dates Employed	
	From:	To:
Address:		
Phone Number:		
Job Title: Supervisor:		
Work Responsibilities:		
Reason for Leaving:		

2. Employer:	Dates Employed	
	From:	To:
Address:		
Phone Number:		
Job Title: Supervisor:		
Work Responsibilities:		
Reason for Leaving:		

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Employer:	Dates Employed	
	From:	To:
Address:		
Phone Number:		
Job Title: Supervisor:		
Work Responsibilities:		
Reason for Leaving:		
REVISED 5-18		



ADDITIONAL INFORMATION:

IF ADDITIONAL WORK OR EDUCATIONAL EXPERIENCE IS NOT PREVIOUSLY LISTED, PLEASE CONTINUE IN THE SAME FORMAT AS PREVIOUSLY ENTERED (If additional space is needed use a separate sheet of paper):

SPECIAL SKILLS, QUALIFICATIONS, OR RELEVANT INFORMATION NOT PREVIOUSLY LISTED:

LIST THREE REFERENCES WE MAY CONTACT:

1. NAME: _____ CIRCLE ONE: PERSONAL WORK
ADDRESS: _____ PHONE: _____
2. NAME: _____ CIRCLE ONE: PERSONAL WORK
ADDRESS: _____ PHONE: _____
3. NAME: _____ CIRCLE ONE: PERSONAL WORK
ADDRESS: _____ PHONE: _____

I certify that the information provided on this application is true and complete to the best of my knowledge. I authorize Good Shepherd Center to investigate any and all statements made in this application as may be necessary to make an employment decision. This application for employment shall be considered active for a period of six months. If I wish to be considered for employment beyond this time period I will submit a new application. I understand that this document is not a contract of employment.

I understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with Good Shepherd Center is of an "at will" nature. "At Will" means that you may resign at any time and Good Shepherd Center may terminate your employment at any time with or without cause.

If I am employed by Good Shepherd Center, I understand that any false or misleading information provided in this application or subsequent interview(s) may result in termination of employment. Any offer of employment at Good Shepherd Center is conditional upon successful completion of a criminal background check, drug screen, and physical examination. I understand that if hired I am required to follow all Good Shepherd Center rules and regulations.

Signature of Applicant

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby consent to the release of any information needed to complete the reference form being sent by Good Shepherd Center & Acorn Child Care Center staff. I release all parties from liability for any damage that may result from providing this information.

Signature of Applicant Date