



EMPLOYMENT APPLICATION

Shepherd of the Valley Lutheran Church
 12650 Johnny Cake Ridge Rd. Apple Valley, MN 55124
 Admin Office: 952-432-6351 Fax: 952-432-6917

(Please Print)

Name: _____ **Date:** _____
First Middle Last

Present Address: _____
Street City State Zip How Long?

Phone _____ **Cell Phone:** _____ **Preferred email:** _____

Position Applying for: _____ **Salary Expectation \$** _____ **Mo./Year**

Date Available _____

Have you applied for any position at SOTV previously? Y/N
If yes, please identify position and date of application _____

Contact in case of an emergency: _____
Name & Relationship Phone

Education:

NAME	CITY/STATE	GRADUATE?
High School		Y/N
College		Y/N
Trade/Technical		Y/N
Other		Y/N

Military Service: Dates of Active Duty _____ National Guard? **Y/N**

Previous Employment: (Please begin with the most recent, including present)

MOST RECENT EMPLOYER	Employer's Name _____ Phone _____
	Position _____
	Address _____
	Dates of Employment _____ Supervisor _____
	Pay: \$ _____ Month/Year Reason for Leaving _____
	Are you currently working for this employer? Y/N
	May we contact this employer? Y/N
SECOND MOST RECENT EMPLOYER	Employer's Name _____ Phone _____
	Position _____
	Address _____
	Dates of Employment _____ Supervisor _____
	Pay: \$ _____ Month/Year Reason for Leaving _____
	May we contact this employer? Y/N
	May we contact this employer? Y/N
THIRD MOST RECENT EMPLOYER	Employer's Name _____ Phone _____
	Position _____
	Address _____
	Dates of Employment _____ Supervisor _____
	Pay: \$ _____ Month/Year Reason for Leaving _____
	May we contact this employer? Y/N
	May we contact this employer? Y/N

****PLEASE CONTINUE TO BACK SIDE OF THIS APPLICATION****

For office use only: Name _____
First Middle Last
 Position applied for _____
 Date Received _____

• **References**

Please list professional references. Include individuals familiar with your work ability.

Name: _____ Phone: _____ E mail _____
Business: _____ Address: _____
Relationship: _____
Name: _____ Phone: _____ E mail _____
Business: _____ Address: _____
Relationship: _____
Name: _____ Phone: _____ E mail _____
Business: _____ Address: _____
Relationship: _____

Please attach resume to this application to list any additional information.

Fair Credit Reporting Act Disclosure:

In making this application it is acknowledged that we may request information regarding your character, employment, and background. Additional information may be requested to better access qualifications for specific positions. By submitting this application and with my signature below, I give Shepherd of the Valley Lutheran Church my permission to conduct background checks and reference checks as deemed appropriate. False or incomplete information in this application is grounds for termination of employment consideration or employment, if already employed.

Shepherd of the Valley Lutheran Church is an At-Will, Equal Opportunity Employer

I CERTIFY THAT ALL INFORMATION IN THIS EMPLOYEMENT APPLICATION IS ACCURATE AND COMPLETE:

Signature

Date

Vision for Ministry

Shepherd of the Valley will invite all people to experience the welcome, transformation, and sending of Jesus Christ.

Mission in Ministry

Shepherd of the Valley will accomplish its vision by welcoming all people to worship, serve, and belong.