



SHEPHERD OF THE HILLS CHURCH APPLICATION FOR EMPLOYMENT

For Pastoral & Support Staff

Name of Applicant	_____
Position	_____
Date	_____

**Shepherd of the Hills Church
19700 Rinaldi Street
Porter Ranch, CA 91326
818-831-9333**

Pastoral & Support Staff Employment

Please check each section and complete if it applies

INSTRUCTIONS: Please provide all of the information requested. Please print legibly or type all requested information. When completed. Please sign the application at the bottom of page 12 and return to the church.

PERSONAL

Last Name	First Name	Middle Name	Date of Application
Current Mailing Address		City, State and Zip Code	
Home Phone (with area code)		Daytime Phone if different than home:	
Pager Number	Cell Phone	E-mail Address	
If you have used a name other than the one listed above during the past five years, please list it here			

Are you 18 years of age or older?

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?

If no, please explain (use a separate sheet if necessary).

Are you a United States citizen or alien legally authorized to work in the United States?
(Proof of eligibility is required after hire)

Have you ever been convicted of, or pled guilty or no contest to a crime, or are you now under charges for any criminal offense? A criminal conviction will not necessarily disqualify you from consideration for employment.

POSITION AND AVAILABILITY

What position are you seeking?	Date Available
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Have you applied to Shepherd of the Hills Church before?

What salary would you expect?

Who referred you to Shepherd of the Hills Church?

PERSONAL REFERENCES

List below three personal references who are well acquainted with you. Do not list relatives.

Name	
Address	
City	
State	
Zip	
E-mail	

Name	
Address	
City	
State	
Zip	
E-mail	

Name	
Address	
City	
State	
Zip	
E-mail	

PREVIOUS EMPLOYMENT

Please list your last 4 employers, beginning with your current or most recent employer. Please account for any gaps in employment in excess of six months. Do not include leave or time off due to illness or medical treatment.

Current or Last Employer	Address City, State, Zip	Telephone Number with Area Code		
Position and Title		Supervisor/Contact Person for Reference		
Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)	Starting Salary	Ending Salary	Reason for leaving
Number of People You Supervised	If a church, indicate congregational size and amount of annual budget	Your immediate Supervisor or contact person for References		
Please provide a brief description of your duties				

Current or Last Employer	Address City, State, Zip	Telephone Number with Area Code		
Position and Title		Supervisor/Contact Person for Reference		
Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)	Starting Salary	Ending Salary	Reason for leaving
Number of People You Supervised	If a church, indicate congregational size and amount of annual budget	Your immediate Supervisor or contact person for References		
Please provide a brief description of your duties				

PREVIOUS EMPLOYMENT (CONTINUED)

Please list your last 4 employers, beginning with your current or most recent employer. Please account for any gaps in employment in excess of six months. Do not include leave or time off due to illness or medical treatment.

Current or Last Employer	Address City, State, Zip	Telephone Number with Area Code		
Position and Title		Supervisor/Contact Person for Reference		
Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)	Starting Salary	Ending Salary	Reason for leaving
Number of People You Supervised	If a church, indicate congregational size and amount of annual budget	Your immediate Supervisor or contact person for References		
Please provide a brief description of your duties				

Current or Last Employer	Address City, State, Zip	Telephone Number with Area Code		
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Beginning Date (Mo/Yr)	Ending Date (Mo/Yr)	Starting Salary	Ending Salary	Reason for leaving
Number of People You Supervised	If a church, indicate congregational size and amount of annual budget	Your immediate Supervisor or contact person for References		
Please provide a brief description of your duties				

May we Contact all your employers?
 Yes No If no, please explain.

EDUCATION

Did you graduate from High School?

List all educational institutions you attended beyond High School and the degree(s) you currently hold beginning with most recent.

School	City, State	Dates Attended (Mo/Yr) From: To:	Graduate	Degree/Major

Training and Experience

List any additional training or experience you have had that qualifies you for the position you are seeking including any professional license or certification:

BACKGROUND

Please provide the following information regarding your church attendance over the past five years:

Current Church	Dates Attended	Address	Phone
Previous Church			
Previous Church			

PASTORAL STATUS & BACKGROUND

PASTORAL ONLY

Date you were ordained, licensed, or commissioned (mo/yr)	Name of institution or body granting ministerial credentials	Address	Area Code & Phone No.
Ordained			
Licensed			
Commissioned			

Additional Skills and Background

As application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize and additional information necessary to describe your full qualifications for the specific position for which you are applying. Also use this section to expand any statements made in other sections of this application form. Attach additional sheets if necessary.

SHEPHERD OF THE HILLS CHURCH

Christian Lifestyle Commitment and Child Protection Supplement Christian Lifestyle Commitment

As a condition to employment Shepherd of the Hills Church requires that every employee accept and follow a lifestyle commitment based on Biblical principals. As role models to our children and youth, and as representatives of Jesus Christ in our community, we require volunteers to be born-again Christians and to live their lives as Christian role models (Romans 10:9-10; I Timothy 4:12). Employees must conduct themselves both on and off the Church campus in a way that will not raise questions regarding their Christian Testimonies. A Christian lifestyle should reflect the Biblical perspective of integrity and appropriate personal and family relationships, business conduct, and moral behavior. Moral misconduct as defined by Scripture violates the requirement of being a Christian role model.

In connection with this lifestyle commitment, we ask that you answer the following questions by checking the correct answer. Please be truthful and candid. Your answer to these questions will not necessarily disqualify you from you from employment at *Shepherd of the Hills Church*.

- | YES | NO | |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently in a sexual relationship with someone with whom you are not married? (I Corinthians 6:18-20). If yes, please explain on a separate page. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently living in a homosexual or bisexual lifestyle? (Romans 1:21-32). If yes, please explain on a separate page. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you oppose a homosexual lifestyle? (Romans 1:21-32). If no, please explain on a separate page. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used illegal drugs (I Corinthians 3:16-18). If yes, please explain on a separate page. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been addicted to alcohol, prescription or nonprescription drugs? (I Corinthians 3:16-18). If yes, please explain on a separate page. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently use tobacco? (I Corinthians 3:16-18). If yes, please explain on a separate page. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently using prescription or nonprescription drugs (I Corinthians 3:16-18). If yes, please explain on a separate page. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use alcohol? (I Corinthians 3:16-18). If yes, please explain on a separate page. |

CHILDREN’S AND YOUTH WORK REFERENCES

If you are applying for employment in the area of children’s or youth work, please provide three references who are not related to you who have personal knowledge of your work with children or youth.

<u>Name</u>	<u>Relationship</u>	<u>Address and Phone</u>	<u>Years Known</u>
1.			
2.			
3.			

If you have no prior experience working with children or youth, please so state and explain why you have chosen to apply for such employment at this time.

Compliance with Child Abuse Reporting Requirements

I understand that Penal Code §11166, et seq., requires certain professionals and other employees, who have special working relationships or contact with children, to report known or suspected child abuse. In this connection, I understand that *Shepherd of the Hills Church* requires all employees covered by Penal Code §11166 to comply with the provisions of the child protection policy of Shepherd of the Hills Church as detailed in the Child Abuse Prevention, Recognition and reporting Manual which will be provided to me before beginning employment.

Background Security Information

Recognizing God’s love and concern for children, Shepherd of the Hills has adopted a policy for screening all applicants for employment at the Church. This policy is important for the protection of our children and youth as well as to guard the honor and reputation of Our Lord Jesus Christ.

This portion of your Application requires personal information which might not otherwise be asked of you. This information is used to help promote a safe environment for the children and youth who participate in our programs or use our facilities. This information is confidential and will be used only by authorized staff reviewing your Application. We ask that you understand the purpose and need for this information. Your answer to any of these questions does not necessarily disqualify you from employment at *Shepherd of the Hills Church*.

Please answer by checking the correct response, each of the following questions. Please attaché additional pages for explanation if necessary.

- | YES | NO | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a criminal offense (felony or misdemeanor)? The term “Convicted” includes entering into a plea agreement including a “no contest” plea of, a deferred sentence or deferred judgment arrangement in connection with a criminal charge. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have been convicted of such an offense, please attach a statement of explanation, including nature of offense, date, court where conviction was entered. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a State ever suspended or revoked your driver’s license, permit or privilege to operate a motor vehicle? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had any traffic violations or DUI convictions? |
| | | If you answered yes to either of the above driving record questions, please attach a statement of explanation including the date and type of violation, suspension, revocation and/or dates of reinstatement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been charged with a sexual offense relating to children or crime of violence? |
| | | If you have been charged with such an offense, please attach a statement of explanation, including nature of offense charged, date, enforcement agency making the charge, disposition of the charge, and any other relevant information. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse, endangerment, neglect or intentional misconduct involving children? If so, provide a description on a separate attachment of the circumstances and name and address of the entity receiving the report. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been subjected to expulsion, reprimand, or other discipline by a Christian school, church, denomination, or other religious organization? If so, please describe the circumstances and provide the name and address of the school, church, denomination or religious organization involved. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been disciplined or dismissed from employment or a volunteer position by any employer, including charitable and religious organizations, following an allegation of physical misconduct, sexual misconduct, sexual harassment or other immoral or inappropriate behavior or conduct involving children or adults? If so, please describe the circumstances and the name and address of the employer on a separate attachment. |

Have you ever been the subject of a civil lawsuit involving adults or children, involving physical abuse, sexual misconduct, sexual harassment, or other immoral behavior or conduct? If so, please describe the circumstances and outcome and provide the case name, the court where filed and the name and address of the employer, educational institutions, church or other organization, if any where the lawsuit, investigation or allegation arose or occurred on a separate attachment.

Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide child care or similar services? If so, please provide an explanation on a separate attachment.

Do you have any investigation, review or disciplinary action pending by an employer, organization in which you volunteered, licensing authority, or professional association for sexual misconduct, violence or misconduct involving children? If so, please provide an explanation on a separate attachment.

Have you ever made a report of physical or sexual abuse involving children to any social service or law enforcement agency? If so, please explain on a separate attachment without giving the names of the individuals involved.

Were you or any member of your family the victim of sexual misconduct or abused as a child? If so, please provide an explanation on a separate attachment. You may decline to answer this question, or you may discuss your answer in confidence with a pastor or church leader rather than answering on this form. Answering yes or failing to answer will not automatically disqualify an applicant for children or youth services.

Background Check

I understand that as part of this Application, a completed CONSENT AND AUTHORIZATION TO OBTAIN INFORMATION MUST BE SUBMITTED BY ME. This Consent authorizes Shepherd of the Hills Church, or its agents, to conduct a background investigation of me and the information provided in this Application. I further acknowledge and understand that this investigation may include a Criminal Background Check and a Megan's Law Background Check and that I may be required to provide fingerprints and a photograph for this purpose.

Additional Information

YES NO

If yes, please explain. Attach additional pages if necessary.

RELEASE

In consideration of the receipt and evaluation of this Application by Shepherd of the Hills Church, I hereby release Shepherd of the Hills Church and any individual, church, youth, organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability or damages of whatever kind or nature which may at any time result from the investigation of my background or the release of information in connection with any investigation. This release shall be binding on my heirs and family.

AGREEMENT AND CERTIFICATION

I certify that I have carefully read the foregoing release and know the contents thereof, and I give this release as Release as my own free act. I certify that the information contained in this Application and any attachments is true and correct to the best of my knowledge. I understand that any misrepresentation or material omission in this Application may result in my failure to be accepted for employment or, if I am accepted, in my dismissal. If my Application for Employment is accepted, I agree to comply with all of the rules, regulations and policies of Shepherd of the Hills Church as set forth in The Employee Handbook and otherwise. Until my Application is accepted in writing, neither this Application nor any pre-employment interview, or meeting shall constitute an offer or agreement of employment.

Additional Information

Is any additional information relative to changes of name, use of an assumed name, or nick name or use of a different Social Security Number or driver's license necessary for a complete check on the Application?

Signed: _____ Date: _____
Witness: _____ Date: _____

Church Membership	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Application satisfactory	<input type="checkbox"/>		<input type="checkbox"/>	
Prior Youth Work	<input type="checkbox"/>		<input type="checkbox"/>	
References Satisfactory	<input type="checkbox"/>		<input type="checkbox"/>	

Personal interview satisfactory	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Investigative Services Clearance	<input type="checkbox"/>		<input type="checkbox"/>	
Megan's Law Clearance	<input type="checkbox"/>		<input type="checkbox"/>	
Criminal Record Check Clearance	<input type="checkbox"/>		<input type="checkbox"/>	

Approved for employment _____ Date: _____

CONFIDENTIAL

BACKGROUND CHECK AUTHORIZATION

Area of Ministry/Service: _____

Print Name: _____

Former Names and Dates Used: _____
(Maiden) (Year Married)

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____

Telephone Number: _____

Driver License Number: _____ State Issued: _____

Are you a member of Shepherd of the Hills? YES _____ Since _____ NO _____

For Identification Purposes ONLY, Please provide:

*Date of Birth _____ *Gender: _____

**Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.*

I hereby authorize Shepherd of the Hills and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or and investigative consumer report to be generated for employment and/or volunteer purposes. I understand the scope of the consumer report/investigative consumer report may include, but no limited to, the following its: verification of social security number; current and previous residences; credit history, employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal state, county jurisdiction; driving records, birth records, and any other public records.

I further authorize any individual, company, Firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Shepherd of the Hills or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Shepherd of the Hills, the Social Security Administration, and it's agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with the authorization and request to release.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my request, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information. Please provide me with a copy of my background report - YES: NO

Signature: _____ Date: _____