

The
Shepherd of the Hills
Homestead & Adventure Park

Date: _____
*Please print clearly. Answer all questions.
Résumés are Not a substitute for a
completed application.*

EMPLOYMENT APPLICATION

Shepherd of the Hills is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service-member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws

SHEPHERD OF THE HILLS IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THIS COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name: _____ Position applied for: _____ (list one)

Phone Number: () _____ - _____ Alternate / Cell Number: () _____ - _____

Present Address: _____
Street, Apartment, or Unit number

_____ How long you have lived there _____ / _____ (yrs. / mos.)
City, State, Zip

Email Address (optional) _____

If you are under 18, can you produce the necessary work certificate at the time of employment? Y / N

Type of employment desired: Full Time Part Time Specify Hours: _____

Have you previously applied for employment at Shepherd of the Hills? Y / N

If yes, when did you apply? _____

Have you ever been employed by Shepherd of the Hills? Y / N

If yes, provide dates of employment, department, and reason for leaving. _____

If applicable, list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example change of name, use of an assumed name, nickname, etc. _____

Education	School Name & Location	Course of Study/Major	Graduate? Y or N	# Of Years Completed	Honors Received
High School					
College					
Graduate/Professional					
Trade/Correspondence					

WORK EXPERIENCE

Please, list the names of your present and/or previous employers beginning with the most recent. Provide information for at least the most recent 10-year period. Attach additional sheets if needed

Employer

Name	Address	Type of Business
Phone: () _____ - _____	Dates Employed From ____/____/____ TO ____/____/____	
Job Title: _____	Duties: _____	
Supervisor's Name: _____	May we contact? Y / N	If No, why? _____
Starting wages: _____	Final: _____	Reason for Leaving _____
What will this employer say was your employment terminated? _____		

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PHYSICAL RECORD

Do you have any physical limitations that may prohibit you from performing any of the tasks related to the job for which you are applying? Y / N If yes, explain _____

SPECIAL SKILLS

List any special skills or background that may be helpful in your employment here _____

Do you have any relatives employed by Shepherd of the Hills? Y / N List: _____

If you are applying for a job in the THEATER CAST, please complete the section below.

EXPERIENCE *List previous theater experience, ex: high school/college plays, community theater, etc.*

Are you comfortable working around livestock? Y / N If no, explain _____

Are you able to saddle and ride a horse? Y / N List previous experience _____

Use this area for any additional information you feel should be considered when reviewing your application.

Have you ever been terminated or asked to resign from any Job? Y / N If yes, how many times? _____
 Has your employment ever been terminated by mutual agreement? Y / N If yes, how many times? _____
 If you answered YES to any of the above questions, please explain the circumstance of each occasion.

REFERENCES (Optional)

Please list additional work-related references we may contact. Individuals with no previous work experience may list school, or volunteer related references.

Name	Position	Company	Work Relationship	Telephone

Please list the names of personal references (NOT previous employers or relatives) that we may contact.

Name	Occupation	Address	Telephone	# of Years Known

DRIVING INFORMATION (optional) *Complete only if driving is an essential function of the job for which you are applying.*

Do you have a current valid driver's license? Y / N If yes, License No. _____ State: _____
 Expiration date: _____

Has your license ever been suspended or revoked? Y / N Explain: _____

Do you have personal automobile insurance? Y / N If no Explain: _____

Please list all moving traffic violations in the last 5 years.

Offense	Date	Location	Comments

EMPLOYMENT PREFERENCES

Please indicate your preference of job desired

- | | | |
|----------------------------|------------------------------------|------------------------------|
| _____ Outdoor Work | _____ Indoor Work | _____ No Preference |
| _____ Daytime | _____ Nighttime | _____ No Preference |
| _____ Gift Shop | _____ Ticket Sales | _____ Theater Cast |
| _____ Tour Guide | _____ Zip Rider | _____ Concessions |
| _____ Night Transportation | _____ Lighting & Sound | _____ Building / Maintenance |
| _____ Administration | _____ Other (Please Specify) _____ | |

List any qualifications you have in dealing with the public / customer service. _____