



Central States Conference of Seventh-day Adventists

CENTRAL STATES CONFERENCE OF SEVENTH-DAY ADVENTISTS EMPLOYMENT APPLICATION

The Central States Conference of Seventh-day Adventists ("Conference") is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, sex, age, national origin, disability, marital status, or categories protected under state laws, regulations or local ordinances. The Conference prohibits any form of workplace harassment. The Conference hires Seventh-day Adventist church members in good standing based on religious preferences permitted by the United States Constitution and controlling law.

Please complete all questions on this application form. You may supplement the application with a resume, if you desire, but all questions on this application must be answered.

PERSONAL INFORMATION

Last Name	First	Middle	Date		
Have you ever used another name for work, school or other purposes? If so, identify name(s) and dates used and circumstances.			Home Telephone ()		
Street Address			Work Telephone ()		
City, State, Zip			Cell Telephone ()		
Position(s) Applied for:					
Are you a member of the Seventh-day Adventist Church?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Local SDA church of which you are a member:		Pastor:			
Have you ever previously applied with or been employed by the Conference?		Are you at least 18 years of age?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If employed: Month and Year _____		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving: <input type="checkbox"/> resigned with notice, <input type="checkbox"/> quit without notice, <input type="checkbox"/> counseled to resign, <input type="checkbox"/> terminated, <input type="checkbox"/> position eliminated, <input type="checkbox"/> other (specify): _____					
What is your availability for work?		<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Other
If none of the above, what hours/days can you work? _____					

Do you intend to engage in other work while employed by the Conference? Yes No
 If yes, please indicate employer, position and days/hours of the week employed:

If your application is considered favorably, when can you begin work?

Please state all languages (including English) that you speak, read and write proficiently:

Speak Read Write Comments:

English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Provide complete information on all employment (full-time and part-time) during **the past 10 years or 5 employers**, whichever is greater. Begin with your current or most recent employment. Include full-time, part-time and temporary employment. Explain all gaps in your employment history. Use additional sheets if necessary.

1	Current or most recent Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Compensation Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Quit without notice	<input type="checkbox"/> Terminated <input type="checkbox"/> counseled to resign <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Other (specify) _____
2	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Compensation Start End
	Job Title and Describe Your Work	

	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> counseled to resign <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Other (specify)			
3	Prior Employer			Telephone ()
	Address			Dates of employment From To
	Name of Supervisor			Compensation Start End
	Job Title and Describe Your Work			
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> counseled to resign <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Other (specify)			
4	Prior Employer			Telephone ()
	Address			Dates of employment From To
	Name of Supervisor			Compensation Start Last
	Job Title and Describe Your Work			
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> counseled to resign <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Other (specify)			
5	Current or most recent Employer			Telephone ()
	Address			Dates of employment From To
	Name of Supervisor			Compensation Start End
	Job Title and Describe Your Work			
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> counseled to resign <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Other (specify)			

Have you ever been terminated from employment or asked/counseled to resign by **any** employer whether or not listed above? If yes, please provide employer, location, dates and describe circumstances. _____

SPECIALIZED SKILLS

List all specialized skills you possess and equipment or computer programs which you operate proficiently:

Skills

Equipment/Programs

PROFESSIONAL REFERENCES

Please provide three professional references (no family or friends) who are knowledgeable about your current and prior employment.

Name	Telephone Number	Address	Relationship to You
1.			
2.			
3.			

ADDITIONAL INFORMATION

Provide any additional information you believe will assist the Conference in considering your application, including membership in professional or civil organizations, specialized training, apprenticeships or other qualifications.

APPLICATION AND HIRING PROCESS

This application will only be considered for the position(s) listed by the applicant for 180 days from submission. Applicants desiring to be considered for other positions must submit a new application for additional positions desired. The Conference may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by the Conference.

CRIMINAL HISTORY INFORMATION

If you are among the final candidates being considered for a position, or if you receive a conditional offer of employment, you will be asked to answer questions regarding any past criminal history. If you refuse to answer, or falsely answer, any of the criminal history questions, you will not be further considered for employment.

APPLICANT VERIFICATION

I verify that this application was completed by me and that all of the information provided on this employment application and resumés submitted to the Conference are true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application, exhibits or resumés will result in rejection of my application or termination, if hired, regardless of the date of discovery. I authorize all persons and organizations, including but not limited to my former and present employers and personal references, to provide the Conference and its agents with complete information they may have concerning my character, employment record and suitability for employment with the Conference. If the Conference conducts a consumer report or background check about me under the Fair Credit Reporting Act, I will receive a separate notice and authorization for that report.

I understand that this application is not an offer of employment or any employment contract with the Conference. I understand that employment with the Conference is "at will" and based on mutual consent. Either the Conference or I can cease the employment relationship at any time with or without prior notice or requirement of cause. I understand that no employee of the Conference, other than the President, is authorized to enter into any contract or create any employment relationship other than "at will."

I understand that if I am hired by the Conference, I will be required to complete a Federal I-9 Form and provide documentation verifying my right to live and work in the United States.

Any conditional employment offer by the Conference is subject to my successful completion of all employment prerequisites, including but not limited to verifying employment and personal references and certification/credential (where appropriate) and a criminal background check.

If hired by the Conference, I will comply with all policies, rules, codes and procedures that may apply to my position and employment.

Date

Applicant Signature

FOR CONFERENCE USE ONLY

REFERENCE CHECK	Employer	Name/Person Contacted	Results
	1		
	2		
	3		
	4		
	5		

INTERVIEW COMMENTS	Interviewer Name and Comments