



Southeastern California Conference  
of Seventh-day Adventists  
**EMPLOYMENT APPLICATION**

1F330 Pierce Street  
Riverside, CA 92505

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Phone: (951) 509-2366 • Fax: (951) 509-2396  
Equal Employment Opportunity Employer

Southeastern California Conference is a religiously-qualified Equal Opportunity Employer, with the right to prefer Seventh-day Adventists in hiring. It is the policy of Southeastern California Conference to recruit and promote for all job classifications on the basis of merit, qualification, competence, attitude and spiritual commitment. No aspect of employment shall be influenced by race, color, national origin, sex, age or handicap.

**TYPE or PRINT — Complete all sections, even if a resume is submitted.**

Position applied for: \_\_\_\_\_ Location: \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL DATA:**      **New Hire** \_\_\_\_\_      **Rehire** \_\_\_\_\_      **Original hire date** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Other Contact Number \_\_\_\_\_

Birth date (if under 18) \_\_\_\_\_

Are you a member of the Seventh-day Adventist Church? Yes \_\_\_\_\_, No \_\_\_\_\_. Number of years, if member \_\_\_\_\_

Location/Name of Church \_\_\_\_\_ Pastor \_\_\_\_\_

Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_, No \_\_\_\_\_. (If yes, attach a detailed explanation.)  
(The existence of a criminal record does not constitute an automatic bar to employment.)

Have you ever been terminated, dismissed or asked to resign? Yes \_\_\_\_\_, No \_\_\_\_\_. (If yes, attach a detailed explanation.)

**EDUCATION: Complete the following for each school attended. (High school and above)**

School (City & State)	Curriculum or Major	Degree or Hours Completed

Trade, Technical or Business School	Course of Study	Certificate and Year

**LICENSES OR CREDENTIALS:**

Ministerial License     Missionary Credential     Other \_\_\_\_\_

**OTHER SKILLS:**

If applicable to position — which of the following do you have knowledge of?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adobe Acrobat Professional | <input type="checkbox"/> Microsoft Access     | <input type="checkbox"/> Typing — wpm _____ |
| <input type="checkbox"/> Adobe Designer             | <input type="checkbox"/> Microsoft Excel      | <input type="checkbox"/> Adding machine     |
| <input type="checkbox"/> Adobe Illustrator          | <input type="checkbox"/> Microsoft Powerpoint | <input type="checkbox"/> PBX / Switchboard  |
| <input type="checkbox"/> Adobe InDesign             | <input type="checkbox"/> Microsoft Word       | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Adobe Photoshop            | <input type="checkbox"/> WordPerfect          | _____                                       |
|   |   | _____                                       |

Do you speak, read or write any languages other than English? \_\_\_\_\_

(OFFICE USE ONLY)  
NAME \_\_\_\_\_  
Date \_\_\_\_\_

Position Applied for: \_\_\_\_\_  
Test Scores: \_\_\_\_\_

EMPLOYMENT RECORD: List most recent first.				
DATES FROM TO		EMPLOYER ADDRESS AND PHONE	INDICATE YOUR JOB AND MAJOR DUTIES:	REASON FOR LEAVING
			TITLE:	
			DUTIES:	
				IMMEDIATE SUPERV:
			TITLE:	
			DUTIES:	
				IMMEDIATE SUPERV:
			TITLE:	
			DUTIES:	
				IMMEDIATE SUPERV:

**PERMISSION TO REFER APPLICATION:**

Southeastern California Conference has my permission to refer my application to any Seventh-day Adventist denominational entity, with a job opening for which I appear to be qualified and competitive.

YES       NO

**ADDITIONAL INFORMATION: List any other experience or skill that you believe contributes to your qualifications for this position:**

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES: List below three persons other than relatives who can provide both character and employment references:**

Name	Position	Complete Address	Zip Code	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If hired, can you provide, satisfactory proof of identity and legal authority to work in the U.S. as required by the U.S. Department of Homeland Security. (I-9 Form)?      Yes \_\_\_\_\_      No \_\_\_\_\_

**VERIFICATION OF APPLICATION INFORMATION**

I hereby certify that all of the information on this employment application and any resume or exhibit is true, correct and complete. I have not withheld any information requested on this application. I understand that false, misleading, incomplete or omitted information on this application or my resume will result in disqualification for employment or, if I am hired, dismissal from employment. I authorize the employing organization and its agents to confirm information supplied on this application and my resume and to investigate my suitability for employment. I agree to furnish additional information if requested. I release all parties and persons from any claims, liabilities and damages that may result from requesting or furnishing information about me to the employing organization, as well as from using such information in considering my employment application. I am a member in good and regular standing of the Seventh-day Adventist church, and abide by its teachings. I understand that if I receive a conditional employment offer, I may be asked to take a job-related medical examination with a physician selected by the employing organization. The results of this examination will be communicated to the employing organization and considered in evaluating my application. If I refuse to take such a medical examination, I understand that I will be disqualified from employment. I understand that if employed I must complete an I-9 form and provide satisfactory proof of my identity and legal authority to work in the United States. If employed, I agree to conform to the policies and standards of the employing organization. I understand that no one other than the conference administrator or designee is authorized to enter into any employment agreement for any specific time period, or to make any agreement contrary to the foregoing.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_