

South Central Conference of Seventh-day Adventists

715 Youngs Lane
Nashville, TN 37207
Phone: 615-226-6500 * Fax: 615-226-4280**

EMPLOYMENT APPLICATION **(EXEMPT/NON-EXEMPT EMPLOYEES)**

The South Central 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, physical or mental disability or other protected categories under state laws, regulations and local ordinances. The employment practices of the Conference reflect religious preferences permitted by the United States Constitution and controlling law. The Conference hires Seventh-day Adventist church members in regular standing.

Please complete all questions on this application form. You may supplement the application with a resume, but all questions on this application must be answered for you to be considered by the Conference.

PERSONAL INFORMATION

Last Name	First	Middle	Date of Birth (mm/dd/yyyy)
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			Salary Requested
Social Security Number:	Position Applying For:	Location of Position:	Department Name:
Are you a member of the Seventh-day Adventist Church? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how long? _____			
Church of which you are a member: _____ Pastor: _____			
Have you ever previously applied with or been employed by the Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No If employed: Month and Year _____			Are you at least 18 years of age? <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 plan to engage in other work while employed by the Conference? <input type="checkbox"/> Yes <input type="checkbox"/> 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?			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree/Diploma	Major(s)/Minor(s)
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/ University				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate/ Professional				<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"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <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"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <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"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <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"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Other (specify)	

5	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"/> Position Eliminated <input type="checkbox"/> Quit without notice <input type="checkbox"/> Counseled to resign <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? Yes No If yes, please provide employer, location, dates and describe circumstances. _____

ADDITIONAL SKILLS

List any additional qualifications: _____

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"/>	_____

Are you capable of communicating in sign language? Yes No

Equipment skills:
 Computer Software _____

Other business training/experience: _____

CERTIFICATIONS/LICENSES

List all certifications or licenses held: _____

Has any certification or license ever been denied, curtailed, suspended, revoked or subject to an investigation? Yes No

If so, provide details on action taken, dates and circumstances: _____

EMPLOYMENT REFERENCES

Please provide three work references (no family or friends). The information obtained from references will be considered in making a decision on your application.

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:

CRIMINAL HISTORY INFORMATION

Unless a time limit is stated in a question, please provide information on **ALL** convictions, pleas and alternative sentencing or disposition programs that have occurred during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should be disclosed, except where non-disclosure is required by state law.

You should disclose any criminal offense that may appear on your record. If you are uncertain of the exact date or how a criminal offense was classified, give the approximate date, your understanding of the criminal offense, and note that you are unsure of any more specific information.

You are not obligated to disclose sealed or expunged records of convictions or arrests in response to the questions on this application.

Have you **EVER** pled guilty to any criminal offense (misdemeanor or felony)? Yes No

Have you **EVER** pled *nolo contendere* (no contest) to any criminal offense (misdemeanor or felony)? Yes No

Have you **EVER** been convicted of any criminal offense (misdemeanor or felony)? Yes No

If you answered yes to any of these questions, provide complete information on all criminal offense(s), date(s), location(s) (city/county and state) and disposition: _____

(use additional sheets if necessary)

Have you **EVER** served or participated in any form of alternative sentencing or disposition program (for example, probation, pretrial diversion, or deferred adjudication) for any criminal offense? Yes No

If you answered yes, please disclose any form of alternative sentencing or disposition program location (city/state), dates, criminal offense and outcome: _____

(use additional sheets if necessary)

Conviction of a crime will not be considered an automatic bar to employment except where state laws prohibit employment in the position desired due to the criminal conviction

MOTOR VEHICLE RECORD

Please complete this section only if you are applying for a position which includes driving a Conference or personal vehicle for work purposes.

Driver's License No. _____ Issuing State: _____ Expiration Date _____

Has your driver's license ever been denied, suspended or revoked? Yes No

If yes, provide complete information on action(s), date(s), location(s) and current status: _____

List all violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or served any alternative sentencing or disposition program within the past 5 years: _____

Do you have automobile liability insurance? Yes No If yes, expiration date: _____

APPLICANT VERIFICATION

I verify that this application has been completed by me and that all of the information on this application and all exhibits and resumés submitted to the Conference are true, correct and complete. I authorize the Conference to review and use information about me that is available on the Internet. I understand that false, misleading, incomplete or omitted information on this application or submitted exhibits or resumés will result in rejection of my application or dismissal, regardless of the date of discovery. I authorize all persons and organizations, including but not limited to my former and present employers and references, to provide the Conference and its agents with complete information concerning my character, employment record and suitability for employment with the Conference. If the Conference desires to conduct a consumer report or background check about me under the Fair Credit Reporting Act, I understand that 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 is authorized to enter into any employment 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 for some positions.

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

Date

Applicant Signature