

**_____ CONFERENCE OF SEVENTH-DAY ADVENTISTS
EARLY CHILDHOOD EDUCATION & CARE DIVISION
APPLICATION FOR EMPLOYMENT**

The Early Childhood Development Center and 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, marital status, physical or mental disability, or other protected categories under applicable state laws, regulations or local ordinances. The Conference prohibits any form of workplace harassment, misconduct or abuse. The Conference hires Seventh-day Adventist Church members in regular 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 résumé, but all questions on this application must be answered.

Personal Information

Last Name	First	Middle	Date		
Have you ever used any other name(s) for work, school or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) and dates/locations used and circumstances. _____ _____					
Address	City	State	Zip Code	Telephone (Home)	Telephone (Other)
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever previously applied with or been employed by the _____ Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No If employed, dates of employment (month/year): _____ 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): _____				
The Conference requires employees to be members in regular standing of the Seventh-day Adventist Church. <i>Please indicate where membership is held:</i> Church _____ Pastor's Name _____					

Position(s) for which you are applying? (1) _____ (2) _____				
Date available _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____				
Please indicate 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

Names and Addresses of Schools	Number of Years Completed	Course of Study	Did you Graduate?	Type of Degree/Diploma
Last High School Attended	9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Jr. College, College or University	1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical, Business or Vocational School	1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Professional	1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any other training you have received that would qualify you for the position for which you are applying.				

Work Experience

Provide complete information on all employment during **the past 10 years or your 4 most recent employers**, whichever is greater, including U.S. Armed Forces experience and major volunteer experience. Begin with your current or most recent employment. Include all full-time, part-time and temporary employment. Explain all gaps in your employment history. *Use additional sheets if necessary.*

Present (or most recent) employer	Dates Employed		Describe work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Ending	
Immediate Supervisor			
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)			
Employer No. 2	Dates Employed		Describe work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Ending	
Immediate Supervisor			
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)			
Employer No. 3	Dates Employed		Describe work performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Ending	
Immediate Supervisor			
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)			
Employer No. 4	Dates Employed		Describe work performed
	From	To	

Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Ending	
Immediate Supervisor			
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 or dismissed from employment or asked/counseled to resign by **any** employer, whether or not listed above? Yes No

If yes, please provide employer(s), location(s), dates and describe circumstances.

Professional and Technical Qualifications

Please list all licenses and certifications held: _____

Have you ever had a license or certification denied, revoked, or terminated? Yes No

If yes, please provide employer(s), location(s), dates, and describe circumstances.

References

The information obtained from references will be considered by the Conference in making a decision on your application.

Please provide three work references (no family or friends).

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

Please provide three personal references. (No family)

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

Motor Vehicle Record

Please complete this section only if the position for which you are applying would include 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 forfeited bond in the past 5 years: _____

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

This application will be actively considered for the positions you have requested for 3 months after submission to the Conference. Applicants desiring to be considered for other positions, or after the 3-month time period has expired, must submit a new application. The Conference may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by the Conference.

Applicant's Verification - Read carefully before signing

I certify that the information on this application and any résumés or other attachments is true, correct, and complete. I understand that false, misleading, incomplete, or omitted information on this application or in resumes, attachments or interviews will make me ineligible for employment or subject to discharge from employment, whenever discovered.

I understand that this employment application is not an offer of employment or a contract between the Conference and me. I understand and acknowledge that employment with the Conference is based on mutual consent, and that if hired, I will be an at-will employee. Either the Conference or I may cease the employment relationship at any time without prior notice or requirement of cause. I understand that no unauthorized representative may enter into any agreement for other than at-will employment.

I understand that, if employed, I will be required to complete a federal I-9 Form and provide documents verifying my identity and right to work in the United States.

I authorize the Conference to confirm the information supplied on this application and any curriculum vitae or résumé and to investigate my suitability for employment. I agree to furnish additional information if requested by the Conference. I release all parties and persons from any claims, liabilities and damages that may result from requesting or furnishing information about me to the Conference and from the Conference using such information in considering my employment application. I understand that this authorization does not include a consumer report under the federal Fair Credit Reporting Act. If the Conference conducts a consumer report about me under the federal Fair Credit Reporting Act, I understand that I will receive a separate notice and authorization.

If employed, I understand that I must comply with all policies, rules, and procedures of the _____ Early Childhood Development Center and the Conference.

Applicant's Signature

Date