



**SOUTHERN CALIFORNIA CONFERENCE
 OF SEVENTH-DAY ADVENTISTS**
 Human Resources Department
 1535 E. Chevy Chase Drive
 Glendale, CA 91206
 (818) 546-8415; Fax ((818) 546-8475

Employment Application

Please Print and Use Black or Blue Ink

GENERAL

Social Security # _____ - _____ - _____ (optional) Today's Date: _____

Name (Last / First / Middle): _____

Address (No. Street / City / State / Zip) : _____

Telephone: (____) _____ - _____

Email Address: _____

Are you 18 years of age or older Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Have you ever worked for the Southern California Conference of SDA? Yes No

If yes, please indicate when and in what capacity:

Have you ever worked for the Seventh-day Adventist denomination? Yes No

If yes, please indicate where, when and in what capacity:

Have you ever been convicted of a felony? Yes No

If yes, please explain:

EDUCATION

Type	Name/Location	Course of Study/Major	When Completed	Degree/Diploma
Elementary & Jr. High				
High School				
College and Graduate School				
Vocational or Other				

FIVE YEAR EMPLOYMENT RECORD (Start with current employer*, use another sheet if necessary)

Company Name and address	Kind of Work	Date: Started/Left	Rate of Pay	Reason for Leaving
1*				
2				
3				
4				

* If checked, do NOT contact my current employer. I understand that a job offer will be contingent upon a reference from my current employer.

U.S. MILITARY SERVICE

Branch of Service _____
 From _____ to _____
 Rank and Type of Service _____
 Training/Experience Received _____

REFERENCES (Do Not Include Relatives)

Name / Occupation / Years Known / Complete Address / Phone Number

1. _____
2. _____
3. _____

EMPLOYMENT

Type of Work Desired _____ How many hours per week? _____

Salary Desired _____ Date Available _____

How Were You Referred To Our Organization? _____

Do You Have Any Relatives Who Are Employed By This Organization? __Yes __No

Please provide the name only, not relationship: _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? __Yes __ No

Please provide the name only: _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, special skills, hobbies, etc.

APPLICANT'S STATEMENT (Read this carefully)

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Southern California Conference Executive Committee. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application may remain active and on file for up to six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damages in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____