



# Oregon Conference of Seventh-day Adventists

19800 Oatfield Road  
Gladstone, OR

(503) 850-3500

## Employment Application

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

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

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.

### Personal

|           |       |        |      |
|-----------|-------|--------|------|
| Last Name | First | Middle | Date |
|-----------|-------|--------|------|

Have you ever used any other name(s) for work, school or other reasons?  Yes  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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever previously applied with or been employed by the Oregon Conference?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If employed, dates of employment (month/year): _____<br>Reason for leaving: <input type="checkbox"/> resigned with notice <input type="checkbox"/> quit without notice<br><input type="checkbox"/> counseled to resign <input type="checkbox"/> terminated <input type="checkbox"/> position eliminated<br><input type="checkbox"/> other (specify): _____ |
|---|--|

Oregon Conference requires employees to be members in good standing of the Seventh-day Adventist Church. *Please indicate where membership is held:*  
 Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Position(s) for which you are applying? (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Date available \_\_\_\_\_  Full time  Part time  Temporary  Other

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

|         | Speaking                 | Reading                  | Writing                  | 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"/> | _____     |

## Qualifications

| 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  | 13 14 15 16               |                 | <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<br><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<br><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<br><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):<br><input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated<br><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 <b>any</b> employer, whether or not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please provide employer(s), location(s), dates and describe circumstances.<br>_____<br>_____ |                    |        |                         |

**References** The information obtained from references will be considered by the Oregon 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.

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

**Criminal History Information**

There is no time limit to the questions regarding criminal history. Unless a time limit is stated in a question, 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 under state law.

You should disclose **any** criminal offense that may appear on your record, even if you are uncertain of the exact date or how a criminal offense was classified (except where prohibited by state law). Give the approximate date, your understanding of the criminal offense, and note that you are unsure of any more specific information.

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), locations(s) (city/county and state) and disposition: \_\_\_\_\_  
\_\_\_\_\_

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 with the Conference except where Oregon law prohibits employment.

## Motor Vehicle Record

Please complete this section only if the position for which you are applying would include driving an Oregon 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: \_\_\_\_\_

## Applicant's Verification - Read carefully before signing

I certify that the information on this application and any resumes 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 Oregon 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 Oregon 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 Oregon 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 Oregon Conference and from the Oregon 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 Oregon Conference.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date