



Oregon Conference of Seventh-day Adventists

19800 Oatfield Rd, 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.

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.

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

Form with fields for Last Name, First, Middle, Date, other names used, Address, City, State, Zip Code, Phone, E-Mail Address, age, previous employment, and church membership.

Form with fields for Position(s) for which you are applying, Date available, and a table for language proficiency (Speaking, Reading, Writing, Comments).

## Qualifications

Names and Addresses of Schools	Years Completed	Course of Study	Did you Graduate?	Type of 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 or volunteer opportunities that would qualify you for the position for which you are applying, or which may be helpful in a hiring decision.				
_____				

## 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 <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.			
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**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	Email Address	Relationship to You
1.			
2.			
3.			

Please provide three personal references.

Name	Telephone Number	Email 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 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 an offer of employment is made, that offer is conditional and will require the completion of a criminal background check before a final offer of employment is made. Conviction of a crime will not be considered an automatic bar to employment with the Conference except where Oregon law prohibits employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.

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 resume 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