

## MONTANA CONFERENCE OF SEVENTH-DAY ADVENTISTS EMPLOYMENT APPLICATION

The Montana 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, and marital status. The Conference prohibits any form of workplace harassment or misconduct. 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 good standing.

Please complete all questions on this application form. You may supplement the completed application with a resume, if you desire, but all questions on this application must be answered.

### PERSONAL INFORMATION

Last Name	First	Middle	Date
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			Compensation Requested
Social Security Number:		Position(s) Applied for: (1)	(2)
Are you a member of the Seventh-day Adventists Church? <input type="checkbox"/> Yes <input type="checkbox"/> No      If so, how long? _____			
Local SDA church of which you are a member:			
Have you ever previously applied for or been employed with the Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 18 years of age?
If employed: Month and Year		Reason for leaving	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?			
Please state all languages (including English) that you speak, read and write proficiently: <i>Not necessary to complete this section.</i>			
	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

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT

Provide complete information on all employment (full-time and part-time) during the <sup>2</sup>past ~~10~~ <sup>2</sup>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.

<b>1</b>	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)	

<b>2</b>	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)	

<b>3</b>	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)	

<b>4</b>	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	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)	

(use additional sheets if necessary)

Have you ever been terminated from employment or counseled/asked to resign by *any* employer? If yes, please provide employer, location, dates and describe circumstances. \_\_\_\_\_

The Conference contacts prior employers to obtain references regarding work history, conduct and suitability for employment. May we contact your present employer at this time?     Yes     No

### SPECIALIZED SKILLS

List all specialized skills you possess and equipment which you operate proficiently:

Skills	Equipment
_____	_____
_____	_____
_____	_____

### PERSONAL/EMPLOYMENT REFERENCES

Name	Phone Number	Best Time to Call	Relationship to You
1.			
2.			
3.			

### ADDITIONAL INFORMATION

Provide any additional information you believe will assist the Conference in considering your application, including membership in professional or civil organizations, specialized training, apprenticeships or other qualifications.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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), 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 with the Conference.

## MOTOR VEHICLE RECORD

Please complete this section. - *only if your position requires you to drive as part of your work.*

Driver's License No. \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has your driver's license ever been denied, limited, 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 VERIFICATION

I verify that all of the information provided on this employment application and all exhibits and resumés submitted to the Conference is true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application, exhibits or resumés will result in rejection of my application or termination, if hired, regardless of the date of discovery. I authorize all persons and organizations, including but not limited to my former and present employers and personal references, to provide the Conference and its agents with complete information they may have concerning my character, employment record and suitability for employment with the Conference.

I understand that this application is not an offer of employment or a 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, other than the President, is authorized to enter into any 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 ministerial credentials (where appropriate) and a criminal background check for some positions.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature