EMPLOYMENT APPLICATION

Northern California Conference of Seventh-day Adventists Human Resources Department 401 Taylor Blvd./P.O. Box 23165 Pleasant Hill, CA 94523-0165 Telephone: (925) 685-4300 ext. 1241 Facsimile: (925) 686-2012

The Northern California Conference of Seventh-day Adventists (NCC) is an equal opportunity employer which does not discriminate in employment policies and practices on the basis of race, national origin, gender, color, age, marital status, disability, or any other basis prohibited by law. The employment practices of the church reflect religious preferences in harmony with the United States Constitution and controlling law, and it, therefore, hires only Seventh-day Adventist Church members in good standing.

(Please TYPE or PRINT - Complete all sections, even if a resume is submitted)

Name (Last, First, Middle Initial)	Social Security #	E-Mail Adress				
Address (Number, Street, City, State, Zip Code, Country)						
(Prefer Home Work Cell	()Prefer Home Work Cell	(Prefer HomeWork Cell				
Position Applied For	Department (If Applicable):					
Are you seeking/available for: Full-time	Part-time Temporary	Date available for work:				
Are you able to perform the duties of the	position? Yes No (Reasonable	accomidation will be provided)				
Do you have the legal right to work in the	e U.S.? Yes No (Proof of work a	uthorization required for employment)				
Are you 18 years of age or older? Yes	_ No Have you been previously em	ployed by the NCC? Yes No				
Have you previously been employed for	a denominational entity? Yes No If	yes, where?				
Do you have any relatives employed by t	he NCC? Yes No If yes, where? _					
Have you ever been convicted of a felon If yes, explain:		raffic offense? Yes No				

The NCC requires its employees to be baptized, members in good standing of the SDA Church. Please indicate:

Church Membership		Church Address	dress Telephone Number		one Number
	NAME OF EDUCATIONAL INSTITUTION	SCHOOL LOCATION	DID YOU GRADUATE?	IF NO, # OF YEARS COMPLETED	LIST DEGREE AND MAJOR
High School			Yes No		
Trade or Business School			Yes No		
College/ University			Yes No		
Graduate Work			Yes No		
Other Education			Yes No		

Please specify any denominational licenses/credentials that you hold: _____

OTHER SKILLS: If applicable for the position, which of the following to you have knowledge of?

_____Typing – wpm ______MS Word/Wordperfect _____10-key _____MS Excel _____MS Powerpoint _____Filemaker

__ Other: _____

Please list all employment for the past 10 years, beginning with the most recent. Attach additional sheet if necessary.					
Employer:		Job Title:	F/T	P/T	
Address:		Duties:			
Telephone No.	Supervisor's Name:	Skills:			
Dates Employed: to	Base Salary or Wage Start End	Reason(s) for Leaving:			
Employer:		Job Title:	F/T	P/T	
Address:		Duties:			
Telephone No.	Supervisor's Name:	Skills:			
Dates Employed: to	Base Salary or Wage Start End	Reason(s) for Leaving:			
Employer:		Job Title:	F/T	P/T	
Address:		Duties:			
Telephone No.	Supervisor's Name:	Skills:			
Dates Employed: to	Base Salary or Wage Start End	Reason(s) for Leaving:			

ADDITIONAL INFORMATION: List any other experience/skills that you believe contribute to your qualifications:

REFERENCES: List below four persons other than relatives who can provide character & employment references (Additional references may be required):

Name	Position	Address	Zip Code	Phone

I hereby certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that false or misleading information given in this application, in my interview(s) or otherwise in the application process will void this application or subject me to discharge at any time. I expressly acknowledge and understand that in the absence of a written contract to the contrary, my status, if I am hired, will be that of an employee at will having no contractual right, express or implied, to remain in the NCC's employ.

I also expressly acknowledge and understand that, as a not-for-profit religious organization, the NCC is exempt from both state unemployment and state disability insurance and its employees are not eligible to receive benefits for either of these programs.

I authorize the employing organization and its agents to confirm information supplied on this application and resume and to conduct a background check to investigate my suitability for employment and authorize my prior employers to disclose to NCC information contained in my personnel file. This investigation may include information on my character, general reputation, personal characteristics and mode of living. By checking the box below I expressly waive the right to receive a copy of any public record obtained in the course of the background investigation. Further, I release all parties from all claims, damages and liability that may result from furnishing information about me to NCC and using that information in considering my employment application. I have read and agree to the above. Please check here.

Signature of Applicant

Date