



Northern California Conference of Seventh-day Adventists
 P.O. Box 619015, Roseville, CA 95661 • www.nccsda.com/humanresources
 Phone (916) 886-5663 • FAX (888) 609-3904 • hr@nccsda.com

Employment Application

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, 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)

Name (Last, First, Middle Initial as stated on the SS Card)	Social Security #	E-Mail Address
Address	City	State Zip Code
Home Phone	Cell Phone	Work Phone

Position(s) applied for: _____ Department (If Applicable) _____

Are you seeking/Available for: Full-time Part-time Temporary Date Available _____

Are you able to perform the duties of the position? Yes No (Reasonable accommodation will be provided)

Do you have the legal right to work in the US? Yes No (Proof of work authorization required for employment)

Are you 18 years of age or older? Yes No Have you been previously employed by the NCC? Yes No

Have you been previously employed by another Adventist entity? Yes No If Yes, where? _____

Do you have any relatives employed by the NCC? Yes No If Yes, where? _____

Have you ever been convicted of a felony or misdemeanor, other than a minor traffic offense? Yes No

If yes, please explain: _____

Are you a baptized member of the Seventh-day Adventist Church? Yes No

Where is your membership? _____

Do you hold any denominational license/credential? Yes No If Yes, what? _____

	Name of Educational Institution	School Location	Did You Graduate?	If No, # of Years Completed	List Degree and Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade or Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate Work			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Education			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Skills: If applicable for the position, in which of the following do you have skill/knowledge?

- | | |
|--|--|
| <input type="checkbox"/> Typing — Words per Minute _____ | <input type="checkbox"/> MS Outlook |
| <input type="checkbox"/> 10-Key | <input type="checkbox"/> FileMaker Pro |
| <input type="checkbox"/> MS Word | <input type="checkbox"/> Adobe InDesign |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> Adobe Photoshop |
| <input type="checkbox"/> MS PowerPoint | <input type="checkbox"/> Adobe Acrobat Pro |
| <input type="checkbox"/> Other Software/Skills _____ | |

Please list all employment for the past 10 years, beginning with the most recent. Attach additional sheet if needed.

Employer Name:	Job Title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Address:	Duties:
Phone: Supervisor's Name:	Skills:
Dates Employed From To	Base Salary or Wage: Start End
Reason(s) for leaving:	

Employer Name:	Job Title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Address:	Duties:
Phone: Supervisor's Name:	Skills:
Dates Employed From To	Base Salary or Wage: Start End
Reason(s) for leaving:	

Employer Name:	Job Title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Address:	Duties:
Phone: Supervisor's Name:	Skills:
Dates Employed From 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 and employment references:

Name	Position	Address	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 state unemployment insurance, state disability insurance, and paid family leave. Therefore, its employees are not eligible to receive benefits for any of these programs.

I authorize the employing organization and its agents to confirm information supplied on this application and résumé 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 initialing 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.

Please initial here indicating that you have read and agree to the above. _____

Signature of Applicant

Date