



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

**NEW HIRE or REHIRE  
 Personnel Action  
 Request Form**

OFFICE USE ONLY	
EIN: _____	PIN: _____
Qualifies for: <input type="checkbox"/> Medical <input type="checkbox"/> Retirement <input type="checkbox"/> Basic Life <input type="checkbox"/> LTD <input type="checkbox"/> Supp. Life/AD&D	
% Time: _____ W/C Rate Code: _____ P/T entered by: _____	
TB: _____ Livescan: _____ Clearance Sent: _____	
Multi-Position: _____	

1. Employee Name (First Name, Middle Initial, Last Name) \_\_\_\_\_  
 (as stated on the Social Security Card)
2. Social Security Number \_\_\_\_\_
3.  New Employee OR  Rehire Employee OR  New Position
4. Regular Employment Status - Please refer to the "Wage Scale and Employee Cost Estimation" booklet for costs associated with benefit eligibilities.
  - Full-time Regular (38 or more hours per week, eligible for all benefits)
  - Half-time Plus Regular (30-37 hours per week, eligible for half-time and medical benefits)
  - Half-time Plus Regular (19-27 hours per week, eligible for half-time benefits)
  - Half-time Minus Regular (up to 18 hours per week, eligible for California Sick Leave Law benefit)
 OR  
 Temporary Employment Status - Less than 12 months, ending date is required, may be eligible for California Sick Leave Law and/or Affordable Care Act (ACA) benefits.
  - Full-time Temporary (38 hours per week, Affordable Care Act and California Sick Leave Law benefits)
  - Half-time Plus Temporary (30-37 hours per week, Affordable Care Act and California Sick Leave Law benefits)
  - Half-time Plus Temporary (19-27 hours per week, California Sick Leave Law benefit)
  - Half-time Minus Temporary (up to 18 hours per week, may be eligible for California Sick Leave Law benefit)
  - Student: Clerical  Student: Non-Clerical  Seasonal  Substitute  Occasional  Special Assignment
5. Employment Start Date \_\_\_\_\_ Temporary Employment Ending Date \_\_\_\_\_
6. Job Description Title \_\_\_\_\_ Place of work \_\_\_\_\_
7. Date voted by local church/school board \_\_\_\_\_
8. Hours this employee has been scheduled to work per week \_\_\_\_\_
9. Hourly \$ \_\_\_\_\_ OR Monthly \$ \_\_\_\_\_ Indicate: ERI Area \_\_\_\_\_ Job Code \_\_\_\_\_ Step \_\_\_\_\_
10. Additional Comments (optional) \_\_\_\_\_
11. Is this employee a replacement?  Yes  No (If no, please skip to Item 12)  
 If yes, please state name of previous employee \_\_\_\_\_  
 Have you submitted a Personnel Action Request Form for this previous employee?  
 Yes  No (If no, please submit a Change Personnel Action Request Form showing termination status)

**Before signing, please make sure that all information on this form is complete to avoid processing delays.  
 Your authorized local employer's signature commits the represented entity to a binding agreement.**

12. Authorized Local Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_
13. Print Local Employer's Name \_\_\_\_\_ Employer's Title \_\_\_\_\_
14. Name of Church/School Represented \_\_\_\_\_



Seventh-day Adventist Church  
Northern California Conference

## California Mandated Enhanced Background Check for Youth Organization Employees

All NCC Employees must be Live Scanned and  
complete Child Protection/Mandated Reporter Training.

### 1. GET LIVE SCANNED (Electronic Fingerprinting)

- a. Church or Youth Organization Employees: Use NCC Live Scan Application with ORI Code AW334
- b. Employees at both School and Church: No need to get Live Scan twice – use the Education form. The Mandated Reporter Training serves both purposes as well.
- c. Live Scan must be done in California. Out-of-state Live Scan is not valid.

**2. E-MAIL A COPY** of your *Request for Live Scan* form, after getting it done at one of the many *live scan operator sites*, to the NCC Child Safety Compliance Coordinator ([childsafety@nccsda.com](mailto:childsafety@nccsda.com)). Be sure to redact your Social Security Number before sending.

### 3. COMPLETE THE CHILD ABUSE MANDATED REPORTER TRAINING

- a. Go to <https://www.mandatedreporterca.com> and create an account.
- b. Select Clergy Training and complete the required course.
- c. E-mail a copy of your certificate of completion to the NCC at [childsafety@nccsda.com](mailto:childsafety@nccsda.com)

**4. FIELD TRIP DRIVERS** should still get a Driving Record Check done through Sterling Volunteers. The website is [www.ncsrisk.org/adventist](http://www.ncsrisk.org/adventist).

### **Acknowledgement:**

*I understand my fingerprints will be used to check the criminal history records of the FBI. If I have a criminal history record, I will be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before NCC officials deny my employment opportunity, or other benefit based on information in the criminal history record. Criminal history records will be viewed and used for authorized purposes only, and the NCC will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure, or standard established by the National Crime Prevention and Privacy Compact Council. I may request a copy of my FBI criminal history record for review and possible challenge. I will submit a written request to the NCC ([childsafety@nccsda.com](mailto:childsafety@nccsda.com)) and will retrieve this report in person at the NCC Headquarters. Reports cannot be emailed or paper mailed. (Procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.) By requesting Live Scan clearance as a volunteer in the Northern California Conference of Seventh-day Adventists, I acknowledge and understand the above statements and agree to the authorized use of my criminal background report.*



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

AW334  
ORI (Code assigned by DOJ) \_\_\_\_\_ **Employee-Youth Organization**  
Authorized Applicant Type

**Position, such as Pastor, Janitor, Pathfinder Director, SS Teacher, etc.**  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

## Contributing Agency Information:

Northern California Conference of SDA  
Agency Authorized to Receive Criminal Record Information

29926  
Mail Code (five-digit code assigned by DOJ)

P.O. Box 619015  
Street Address or P.O. Box

Joana van Iderstein  
Contact Name (mandatory for all school submissions)

Roseville CA 95661  
City State ZIP Code

(916) 886-5670  
Contact Telephone Number

## Applicant Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name Middle Initial Suffix

Other Name: (AKA or Alias)  
\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name Suffix

Sex  Male  Female

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Billing Number 162456  
(Agency Billing Number)

\_\_\_\_\_  
Misc. Number (leave blank)  
(Other Identification Number)

\_\_\_\_\_  
Height Weight Eye Color Hair Color

\_\_\_\_\_  
Place of Birth (State or Country) Social Security Number

Home Address \_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

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

\_\_\_\_\_  
Date

Church Name: **Short version of your location, such as Granite Bay or Leoni**  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

## Employer (Additional response for agencies specified by statute):

Employer Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

## Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

AW334 YOUTH ORGANIZATION EMPLOYEE  
ORI (Code assigned by DOJ) Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Northern California Conference of Seventh-day Adventists 29926  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
PO Box 619015 Joana van Iderstein  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
Roseville CA 95661 (916) 886-5670  
City State ZIP Code Contact Telephone Number

### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
Other Name: (AKA or Alias) \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Sex  Male  Female  
Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Billing Number 162456  
(Agency Billing Number)  
Misc. Number (leave blank)  
(Other Identification Number)  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Address Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

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

Church Name: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number) \_\_\_\_\_  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



NORTHERN CALIFORNIA CONFERENCE  
OF SEVENTH-DAY ADVENTISTS

### Employee Service Record Information

(Retirement Plan Records)

For all employees who work half-time or greater in a position  
designated as lasting 12 months or more.

**Please complete all sections.**

Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Place of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

### Employment

(Please list only your last denominational employment)

Type of Work	Beginning Date	Ending Date	Service Credit Months/Years	Employing Organization

**Please email completed form to:  
HR@nccsda.com**

**Human Resources Department  
2100 Douglas Blvd.  
Roseville, CA 95661**





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

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:

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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