



Northern California Conference of Seventh-day Adventists  
 P.O. Box 619015, Roseville, CA 95661 • www.nccsda.com/humanresources  
 Phone (916) 886-5698 • 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 \_\_\_\_\_

Submit this **NEW HIRE or REHIRE Personnel Action Request Form** to HR@nccsda.com



Seventh-day Adventist Church  
Northern California Conference

## California Mandated Enhanced Background Check for Education Employees

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

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

- Education Employees: Use NCC Live Scan Application with ORI Code A3044
- 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.
- 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

- Go to <https://www.mandatedreporterca.com> and create an account.
- Select School Personnel and complete the required course.
- 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 volunteer service 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

A3044 Employee  
ORI (Code assigned by DOJ) Authorized Applicant Type

**Employee (or position title such as Principal, Teacher, Registrar, Volunteer, 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 03279  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
2100 Douglas Blvd. (P.O. 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:

[Redacted] [Redacted] [Redacted] [Redacted]  
Last Name First Name Middle Initial Suffix  
Other Name: (AKA or Alias) [Redacted] [Redacted]  
Last Name First Name Suffix  
Sex  Male  Female  
Date of Birth [Redacted] Driver's License Number [Redacted]  
Height [Redacted] Weight [Redacted] Eye Color [Redacted] Hair Color [Redacted]  
Billing Number 141139  
(Agency Billing Number)  
Place of Birth (State or Country) [Redacted] Social Security Number [Redacted]  
Misc. Number phone number  
(Other Identification Number)  
Home Address [Redacted] [Redacted] [Redacted] [Redacted]  
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.

[Redacted] [Redacted]  
Applicant Signature Date

School Name: **Short version of Your School's Name, like SAA or Galt**  
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

A3044  
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 Agency Authorized to Receive Criminal Record Information			03279 Mail Code (five-digit code assigned by DOJ)
PO Box 619015 Street Address or P.O. Box			Joana van Iderstein Contact Name (mandatory for all school submissions)
Roseville City	CA State	95661 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 _____		
Date of Birth _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height _____	Weight _____	Eye Color _____	Hair Color _____	
Place of Birth (State or Country) _____		Social Security Number _____		
Home Address Street Address or P.O. Box _____		Driver's License Number _____		
		Billing Number <b>141139</b> (Agency Billing Number)		
		Misc. Number _____ (Other Identification Number)		
		City _____	State _____	ZIP Code _____

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

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

School 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



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the 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.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and 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.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

**NORTHERN CALIFORNIA CONFERENCE**  
**TB Examination VERIFICATION**

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Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

A prospective employee shall provide written proof signed by the conducting physician that an examination, conducted **within the last 60 days preceding date of employment** has determined that the employee is free from communicable tuberculosis. Written proof shall be **filed every four years** after initial employment. *Only designated staff will have access to the completed form. This form will be stored in a locked file Education Code E10-124.12.*

<b>TUBERCULIN TEST</b>		
<b>PPD Skin Test:</b> Date Read: _____ Positive _____ Negative _____	<b>OR</b>	<b>Chest X-Ray:</b> Date: _____ Results: _____
Physician's Name: _____ Date: _____		
Address _____ Phone: _____		
Physician's Signature _____		

**IF NO TEST IS PERFORMED: ATTACH THE SIGNED CERTIFICATE OF CLEARANCE FOLLOWING RISK ASSESSMENT (PROVIDED BY THE MEDICAL OFFICE)**

NCC - Office of Education  
2100 Douglas Blvd.  
PO Box 619015  
Roseville, CA 95661  
Phone: 916-886-5654  
FAX: 888-616-8363





**NORTHERN CALIFORNIA CONFERENCE**

**CHILD ABUSE REPORTING REQUIREMENTS – Copy A  
(NCC Copy)**

*California Penal Code, Section #11166.5*, requires that a child care custodian, medical practitioner, or non-medical practitioner, which is defined to include a marriage, family, or child counselor, or a religious practitioner who diagnoses, examines, or treats children, as part of the requirements for employment, sign a statement that he/she has knowledge of the provisions of *Section #11166* and will comply with its provisions.

*Section #11166.5 of the Penal Code* provides as follows:

*Section #11166.5 of the Penal Code* requires any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment who he/she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child care custodian" includes teacher, administrative officers, supervisors of child welfare and attendance, or certified pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; head start teachers, licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

"Medical practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under *Division 2* (commencing with *Section 500*) of the *Business and Professions Code*.

"Non-medical practitioner" includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family, or child counselors; and religious practitioners who diagnose, examine, or treat children.

I have read and understand the foregoing and have been provided with a copy of this document for my files.

Teacher Signature \_\_\_\_\_

Name \_\_\_\_\_  
PLEASE PRINT

**Copy A: Return to Northern California Conference.**

**Copy B: Give to your school to keep on file.**

**NORTHERN CALIFORNIA CONFERENCE**

**CHILD ABUSE REPORTING REQUIREMENTS – Copy B**  
**(School Copy)**

*California Penal Code, Section #11166.5*, requires that a child care custodian, medical practitioner, or non-medical practitioner, which is defined to include a marriage, family, or child counselor, or a religious practitioner who diagnoses, examines, or treats children, as part of the requirements for employment, sign a statement that he/she has knowledge of the provisions of *Section #11166* and will comply with its provisions.

*Section #11166.5 of the Penal Code* provides as follows:

*Section #11166.5 of the Penal Code* requires any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment who he/she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child care custodian" includes teacher, administrative officers, supervisors of child welfare and attendance, or certified pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; head start teachers, licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

"Medical practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under *Division 2 (commencing with Section 500)* of the *Business and Professions Code*.

"Non-medical practitioner" includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family, or child counselors; and religious practitioners who diagnose, examine, or treat children.

I have read and understand the foregoing and have been provided with a copy of this document for my files.

Teacher Signature \_\_\_\_\_

Name \_\_\_\_\_  
PLEASE PRINT

**Copy A: Return to Northern California Conference.**

**Copy B: Give to your school to keep on file.**



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 _____ | <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:

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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