

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

Student Employment Application

The Northern California Conference of Seventh-day Adventists (NCC) is an equal opportunity employer that 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 Note: Students are required to have a valid work permit in order to be employed. Different school districts have different procedures to obtain such a permit. Please follow-up with your school and/or public school district to obtain a valid work permit prior to beginning any work.

(Please TYPE or PRINT - Complete all sections)

Name (Last, First, Middle Initial as stated on th	ie SS Card)	Social Security #		E-Mail Address
Address	City		State	Zip Code
Home Phone	Cell	Phone		
Position(s) applied for				
Hiring School	School term	Expected Gra	aduation	Date
Are you able to perform the duties of the 1	oosition? Yes No _	_ (Reasonable accom	nodation	will be provided)
Do you have the legal right to work in the	US? Yes No (Pro	of of work authorization	on requi	red for employment)
Have you ever been convicted of a felony	or misdemeanor, other	than a minor traffic	offense	e? Yes No
If yes, please explain:				
I hereby certify that this application was of true and complete to the best of my knowlethis application, in my interview(s), or other subject me to discharge at any time. I expression contract to the contrary, my status, if I amoright, express or implied, to remain in the	ledge. I understand that herwise in the application of a lessly acknowledge and hired, will be that of a NCC's employ.	at false or misleadin on process will void d understand that in n employee at will h	g inform d this ap n the abs naving n	nation given in plication or sence of a written o contractual
I also expressly acknowledge and understa exempt from state unemployment insurar employees are not eligible to receive bene	ice, state disability ins	urance, and paid far		
I authorize the employing organization an résumé and to conduct a background chec prior employers to disclose to NCC inform information on my character, general repubelow I expressly waive the right to receive background investigation. Further, I release from furnishing information about me to lapplication.	k to investigate my su ation contained in my atation, personal chara re a copy of any public se all parties from all o	itability for employing personnel file. This cteristics and mode record obtained in felaims, damages and	nent an investig of livin the cour liability	d authorize my gation may include ag. By initialing use of the that may result
Please initial here indicating that you have	e read and agree to the	above		
Signature of Applicant		Date		