



HUMAN RESOURCE SERVICES

Seventh-day Adventist Church
LAKE REGION CONFERENCE

EMPLOYMENT APPLICATION

Please complete the following and return to Human Resources to be kept in your personnel file. All information is confidential. Attach additional pages if necessary.

The Lake Region Conference of Seventh-day Adventists (Lake Region Conference) is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, sex (including pregnancy, childbirth, and other pregnancy-related conditions), age, national origin, marital status, physical or mental disability, or other protected categories under federal or state laws and regulations or local ordinances. The Lake Region Conference prohibits any form of workplace harassment, misconduct or abuse. The Lake Region Conference hires Seventh-day Adventist Church members in regular standing based on religious preferences permitted by the United States Constitution and controlling law.

This application will be actively considered for the position you have requested for 3 months after submission to the Lake Region Conference. Applicants desiring to be considered for other positions, or after the 3-month time period has expired, must submit a new application. The Lake Region Conference may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by the Lake Region Conference.

Please complete all questions on this application form. You may supplement the application with a resume, but all questions on this application must be answered.

PERSONAL DATA

(Please **print** all information)

Last Name		First Name		Middle	Date
Have you ever used any other name(s) for work, school or other reasons? Yes No					
If yes, list name(s) and dates/locations used and circumstances.					
Current Address				Telephone Number (Home)	
City/State/Zip				Telephone Number (Other)	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				Email Address	
Have you ever previously applied with or been employed by the Lake Region Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If employed, dates of employment (month/year): _____					
Reason for leaving (please check one):					
resigned with notice		quit without notice		retirement	
counseled to resign		terminated		position eliminated	
other (specify): _____					
Lake Region Conference requires employees to be members in regular standing of the Seventh-day Adventist Church. <i>Please indicate where your membership is currently held:</i>					
Church _____			Pastor's Name _____		
Position for which you are currently applying? _____					
Location of position _____					
Date available: _____ Please Check: Full time Part-time Temporary Other					

WORK HISTORY - Provide complete information on all employment during **the past 10 years or your 4 most recent employers**, whichever is greater, including U.S. Armed Forces experience and major volunteer experience. Begin with your most recent employment. Include all full-time, part-time, and temporary employment. Explain all gaps in your employment history. *Use additional sheets if necessary.*

Dates From	To	Company Name	Address/City/State/Zip
Titles and Duties -			
Reason for Leaving (check one):		Supervisor's Name	Telephone Number
<input type="checkbox"/> resigned with notice <input type="checkbox"/> terminated <input type="checkbox"/> position eliminated <input type="checkbox"/> quit without notice <input type="checkbox"/> counseled to resign other (specify: _____)			
Dates From	To	Company Name	Address/City/State/Zip
Titles and Duties -			
Reason for Leaving (check one):		Supervisor's Name	Telephone Number
<input type="checkbox"/> resigned with notice <input type="checkbox"/> terminated <input type="checkbox"/> position eliminated <input type="checkbox"/> quit without notice <input type="checkbox"/> counseled to resign other (specify: _____)			
Dates From	To	Company Name	Address/City/State/Zip
Titles and Duties -			
Reason for Leaving (check one):		Supervisor's Name	Telephone Number
<input type="checkbox"/> resigned with notice <input type="checkbox"/> terminated <input type="checkbox"/> position eliminated <input type="checkbox"/> quit without notice <input type="checkbox"/> counseled to resign other (specify: _____)			
Dates From	To	Company Name	Address/City/State/Zip
Titles and Duties -			
Reason for Leaving (check one):		Supervisor's Name	Telephone Number
<input type="checkbox"/> resigned with notice <input type="checkbox"/> terminated <input type="checkbox"/> position eliminated <input type="checkbox"/> quit without notice <input type="checkbox"/> counseled to resign other (specify: _____)			

EDUCATIONAL RECORD

Level of Education	Degree/Diploma Held	Institution Granting Diploma/Degree	Year Received Diploma/Degree*
Secondary	_____	_____	_____
Post Secondary (College)	_____	_____	_____
Post Graduate (Master's)	_____	_____	_____
Doctoral	_____	_____	_____
Other	_____	_____	_____

*Please furnish copy of Diploma/Degree

PROFESSIONAL/TECHNICAL/SPECIAL SKILLS (please list other specific skills):

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In which languages are you fluent?

- | | | | |
|----------|----------------|----------------|------------------|
| 1. _____ | Reading: _____ | Writing: _____ | Speaking: _____ |
| 2. _____ | Reading: _____ | Writing: _____ | Speaking : _____ |
| 3. _____ | Reading: _____ | Writing: _____ | Speaking: _____ |

REFERENCES The information obtained from references will be considered by the Lake Region Conference in making a decision on your application.

Please provide three (3) work references (no family or friends).

Name	Telephone Number	Address	Relationship to You
1			
2			
3			

Please provide three (3) personal references.

Name	Telephone Number	Address	Relationship to You
1			
2			
3			

APPLICANT'S VERIFICATION - Read carefully before signing

I certify that the information on this application and any resumes or other attachments is true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application or in resumes, attachments or interviews will make me ineligible for employment or subject to discharge from employment, whenever discovered.

I understand that this employment application is not an offer of employment or a contract between the Lake Region Conference and me. I understand and acknowledge that employment with the Conference is based on mutual consent, and that if hired, I will be an at-will employee. Either the Conference or I may cease the employment relationship at any time without prior notice or requirement of cause. I understand that no unauthorized representative may enter into any agreement for other than at-will employment.

I understand that, if employed, I will be required to complete a federal I-9 Form and provide documents verifying my identity and right to work in the United States.

I authorize the Lake Region Conference to confirm the information supplied on this application and any curriculum vitae or resume and to investigate my suitability for employment. I agree to furnish additional information if requested by the Lake Region Conference. I release all parties and persons from any claims, liabilities and damages that may result from requesting and furnishing information about me to the Lake Region Conference and from the Lake Region Conference using such information in considering my employment application. I understand that this authorization does not include a consumer report under the federal Fair Credit Reporting Act. If the Conference conducts a consumer report about me under the federal Fair Credit Reporting Act, I understand that I will receive a separate notice and authorization.

If employed, I understand that I must comply with all policies, rules and procedures of the Lake Region Conference.

Applicant's Signature

Date

OFFICE USE ONLY

Are the following items included? Send copies to Payroll/HR Depts.- date and initial below

	Yes/No		Payroll Dept.		Human Resources	
Employment Application						
I-9						
W-4						
Direct Deposit						
HCAP Medical Form						
Mutual of America Form						
Life and Disability Insurance						
ING Supplemental Life Ins.						
ING Personal Injury Ins.						

Comments: