



Southeastern California Conference of  
Seventh-day Adventists

**EMPLOYMENT APPLICATION**

11330 Pierce Street  
Riverside, CA 92515

Phone: (951) 509-2352 • Fax: (951) 509-2395  
*Equal Employment Opportunity Employer*

Southeastern California Conference is a religiously-qualified Equal Opportunity Employer, with the right to prefer Seventh-day Adventists in hiring. It is the policy of Southeastern California Conference to recruit and promote for all job classifications on the basis of merit, qualification, competence, attitude and spiritual commitment. No aspect of employment shall be influenced by race, color, national origin, sex, age or handicap.

**TYPE or PRINT — Complete all sections, even if a resume is submitted.**

Position applied for: \_\_\_\_\_ Location: \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL DATA:**      New Hire \_\_\_\_\_ Rehire \_\_\_\_\_ Original hire date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Birth date (if under 18) \_\_\_\_\_

Are you a member of the Seventh-day Adventist Church? Yes \_\_\_\_\_, No \_\_\_\_\_. Number of years, if member \_\_\_\_\_

Location/Name of Church \_\_\_\_\_ Pastor \_\_\_\_\_

If hired, can you provide satisfactory proof of identity and legal authority to work in the U.S. as required by the U.S. Department of Homeland Security. (I-9 Form)? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION: Complete the following for each school attended. (High school and above)**

School (City & State)	Curriculum or Major	Degree or Hours Completed

Trade, Technical or Business School	Course of Study	Certificate and Year

**LICENSES OR CREDENTIALS:**

Ministerial License                       Missionary Credential                       Other \_\_\_\_\_

**OTHER SKILLS:**

If applicable to position — which of the following do you have knowledge of?

- Adobe Suite
- Microsoft Office Suite
- Typing — wpm \_\_\_\_\_
- Other \_\_\_\_\_

Do you speak, read or write any languages other than English? \_\_\_\_\_

**APPLICATION MUST BE SIGNED, DATED AND COMPLETED ON BOTH SIDES**

<b>EMPLOYMENT RECORD: List most recent first.</b>				
DATES FROM TO		EMPLOYER NAME, ADDRESS, AND PHONE	INDICATE YOUR JOB AND MAJOR DUTIES:	REASON FOR LEAVING
			TITLE:	
			DUTIES:	
				IMMEDIATE SUPERV:
			TITLE:	
			DUTIES:	
				IMMEDIATE SUPERV:
			TITLE:	
			DUTIES:	
				IMMEDIATE SUPERV:

**ADDITIONAL INFORMATION: List any other experience or skill that you believe contributes to your qualifications for this position:**

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**REFERENCES: List below three persons other than relatives who can provide both character and employment references:**

Name	Title	Email Address	Phone Number

**VERIFICATION OF APPLICATION INFORMATION**

I hereby certify that all of the information on this employment application and any resume or exhibit is true, correct and complete. I have not withheld any information requested on this application. I understand that false, misleading, incomplete or omitted information on this application or my resume will result in disqualification for employment or, if I am hired, dismissal from employment. I hereby authorize the Southeastern California Conference of Seventh-day Adventists ("SECC") to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the SECC any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I agree to furnish additional information if requested. I release all parties and persons from any claims, liabilities and damages that may result from requesting or furnishing information about me to the employing organization, as well as from using such information in considering my employment application. I am a member in good and regular standing of the Seventh-day Adventist church, and abide by its teachings. I understand that if I receive a conditional employment offer, I may be asked to take a job-related medical examination with a physician selected by the employing organization. The results of this examination will be communicated to the employing organization and considered in evaluating my application. If I refuse to take such a medical examination, I understand that I will be disqualified from employment. I understand that if employed I must complete an I-9 form and provide satisfactory proof of my identity and legal authority to work in the United States. If employed, I agree to conform to the policies and standards of the employing organization. I understand that no one other than the conference administrator or designee is authorized to enter into any employment agreement for any specific time period, or to make any agreement contrary to the foregoing.

Print Name

Signature of Applicant

Date