



APPLICATION FOR EMPLOYMENT

All questions on this form should be answered. If you feel you cannot answer a question for personal reasons, please consult with the Human Resources (Personnel) Office.

All applications will be reviewed, but not all applicants will be interviewed. An interview does not guarantee selection for employment. Your application will be maintained in our files for one hundred twenty (120) days. To apply for another position, or to apply after this time period expires, you will need to submit a new application to the Human Resources Office.

Identification

Name _____ <small>First Middle Last</small>
Street _____
City _____ State _____ Zip _____
Telephone/Residence (____) _____ - _____ Other (____) _____ - _____
Date _____ Social Security Number _____ - _____ - _____
Have you ever worked or attended school under another name? If so, please provide names, dates, employers, positions or schools: _____ _____ _____

River Ranch Personnel
23400 NW 212 Avenue
High Springs, FL 32643-7107

Telephone: (386) 454-5800
Fax: (386) 454-4748

THE FLORIDA CONFERENCE OF SEVENTH-DAY ADVENTISTS IS AN EQUAL OPPORTUNITY EMPLOYER. THE CONFERENCE COMPLIES WITH FEDERAL AND FLORIDA LAW AND DOES NOT DISCRIMINATE ON ACCOUNT OF RACE, COLOR, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, OR DISABILITY.

AS A CHURCH EMPLOYER, THE FLORIDA CONFERENCE OF SEVENTH-DAY ADVENTISTS PREFERS MEMBERS OF THE SEVENTH-DAY ADVENTIST CHURCH IN HIRING EMPLOYEES.

Position Desired

Location desired _____

List positions desired in order of preference:

_____ Experience _____ Years

_____ Experience _____ Years

_____ Experience _____ Years

Status desired: Full-Time Part-Time Temporary

Date available for employment _____ Salary requested _____

Work History

PROVIDE INFORMATION ON ALL EMPLOYMENT FOR YOUR PAST FIVE EMPLOYERS OF THE PAST TEN YEARS (WHICHEVER IS GREATER). USE ADDITIONAL SHEETS IF NESSECARY TO PROVIDE COMPLETE INFORMATION. EXPLAIN ANY PERIODS OF UNEMPLOYMENT.

May we contact your present employer at this time? Yes No

A reference from your current employer will be required prior to a position offer.

(List name under which employed, if different) _____

Present or last employer _____ Salary _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Telephone (_____) _____ - _____

Position held _____ Dates _____

Nature of duties _____

Reason for leaving _____

(List name under which employed, if different) _____

Present or last employer _____ Salary _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Telephone (_____) _____ - _____

Position held _____ Dates _____

Nature of duties _____

Reason for leaving _____

(List name under which employed, if different) _____

Present or last employer _____ Salary _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Telephone (_____) _____ - _____

Position held _____ Dates _____

Nature of duties _____

Reason for leaving _____

Have you ever been terminated or asked to resign by any employer? Yes No

If so, fully explain, including employer, date, and reason: _____

Education

	High School	College/University	Graduate/Professional
Years completed	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Degree _____		
	Major/s _____		
	Minor/s _____		
List any continuing education (describe and provide dates): _____			

Skills

List any additional qualifications _____

List any languages, other than English, which you can read, write, or translate (including sign language)

Equipment skills:
<input type="checkbox"/> Typewriter _____ WPM Computer software _____
<input type="checkbox"/> Word Processor _____ WPM _____
<input type="checkbox"/> Transcription Machine _____
Other business machine training/experience _____

Certifications/Licenses

List certifications or licenses held _____

Has your certification or license ever been denied, limited, curtailed, suspended, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, attach details providing action taken, dates, and circumstances: _____

References

Personal references (list people you have known for at least two years—do not include employers or relatives)	
Name _____	Telephone (____) _____ - _____
Name _____	Telephone (____) _____ - _____
Name _____	Telephone (____) _____ - _____
Name _____	Telephone (____) _____ - _____

Scholarship/Loan Programs

Are you under a scholarship or loan program? If so, provide the following information:

Type _____ From Whom _____ How Much _____

Personal Information

Have you ever pled guilty to or been convicted of any crime, excluding minor traffic citations? Yes No
If yes, provide information on the conviction, date, and location (city, state): _____

Have you ever received probation, pre-trial intervention, pre-trial diversion, or been placed in a community controlled program for any crime, excluding minor traffic citations? Yes No
If yes, provide information on the criminal offense, date, and location (city, state): _____

(conviction of a crime is not an automatic bar for consideration for employment)

Are you a member of the Seventh-day Adventist Church? Yes No If so, how long? _____
In which church is your membership held? _____

Applicant Verification

I verify that all the information which I have provided on this application and in other documents is true, correct and complete. I understand that false, misleading, incomplete or omitted information will result in rejection of my application or dismissal from employment, no matter when discovered.

If my application is considered for employment, I authorize the investigation of all information and statements provided in this application and other documents. I release the Conference and all persons, companies or agencies responding to such an investigation from any damages or liabilities for releasing information about me. I authorize the use of such information to determine my suitability for initial employment and for all actions relating to my employment with the Conference.

I understand that this application is not a job offer or a contract of employment for any specific time period. Any employment with the Conference will be for an indefinite time and either the Conference or I can terminate the employment relationship at any time without notice or requirement of cause.

I understand that employment with the Conference is subject to successful completion of pre-employment screening, including confirmation of professional registration (if appropriate) and verifying employment and personal references. If employed, I agree to comply with all policies, rules, and procedures of the Florida Conference of Seventh-day Adventists.

Signature _____

Date _____