



SOUTHERN CALIFORNIA CONFERENCE
OF SEVENTH-DAY ADVENTISTS
Human Resources Department
1535 E. Chevy Chase Drive
Glendale, CA 91206
(818) 546-8415; Fax (818) 546-8475

The Southern California Conference is an equal opportunity employer which does not discriminate on the basis of race, color, sex, national origin, age or disability; and prohibits any harassment in the workplace. As a religious organization, the Conference exercises the United States Constitutional rights to prefer the hiring of Seventh-day Adventist Church members in good standing.

Employment Application

Please print clearly in Black or Blue Ink

PERSONAL INFORMATION

Today's Date: _____

Full LEGAL Name (Last, First, Middle): _____

Street Address _____

City/State/Zip _____

Telephone: (____) _____ - _____ Email Address (required): _____

Yes	No	Please answer by placing an "X" in the appropriate box
<input type="checkbox"/>	<input type="checkbox"/>	Are you 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	If hired, can you provide written evidence that you are authorized to work in the U.S.?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever worked for the Southern California Conference of SDA? If yes, please indicate when and in what capacity: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever worked for the Seventh-day Adventist denomination? If yes, please indicate where, when and in what capacity: _____

EDUCATION

Type	Name/Location	Course of Study/Major	When Completed	Degree/Diploma
Elementary & Jr. High			Do NOT fill	
High School			Do NOT fill	
College and Graduate School				
Vocational or Other				

FIVE YEAR HISTORY – Required. "History" is not necessarily employment. Start with most recent status (employment/schooling/volunteering).

Company Name/Address	Kind of Work	Date Started/Left	Reason for Leaving
1.			
2.			
3.			
4.			

If checked, do NOT contact my current employer. I understand that a job offer will be contingent upon a reference from my current employer.

U.S. MILITARY SERVICE

Not Applicable

Branch of Service _____

From _____ to _____

Rank and Type of Service _____

Specialization/Rate _____

REFERENCES (Do Not Include Relatives)

Name / Occupation / Years Known / Email Address / Phone Number

1. _____

2. _____

3. _____

APPLICATION

Position you are applying for _____ Hours available per week? _____

Salary Desired _____

Date Available _____

How Were You Referred to Our Organization? _____

Do You Have Any Relatives Who Are Employed by This Organization? Yes No

If yes, please provide the name only, not relationship: _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?

Yes No

If yes, please provide the name only: _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, special skills, hobbies, etc.

Do you currently work for another SCC entity?

Yes Where: _____
 No

Do you currently volunteer for another SCC entity?

Yes Where: _____
 No

APPLICANT'S STATEMENT (Read carefully)

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Southern California Conference Executive Committee. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application may remain active and on file for up to six months; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damages in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____



SOUTHERN CALIFORNIA CONFERENCE
OF SEVENTH-DAY ADVENTISTS

Declaration of SDA Membership
Adherence to SDA Values
Acceptance of Southern California Conference Policies

I, _____ (name) recognize that the mission of the Southern California Conference of Seventh-day Adventists is: “to proclaim, to continue, and to finish the work that Jesus started, with special responsibility for reaching each person in the Southern California Conference.”

I further understand and accept that the philosophy of the Southern California Conference of Seventh-day Adventists is embodied in the following statement:

“God might have committed the message of the gospel, and all the work of living ministry, to the heavenly angels. He might have employed other means to accomplishing His purpose. But in his infinite love He chose to make us co-workers with Himself, with Christ and the angels that we might share the blessings, the joy, and the spiritual uplifting, which results from the unselfish ministry.” Steps to Christ, p. 79.

Therefore, I commit myself to this philosophy. I accept the responsibility of properly representing the Seventh-day Adventist Church in attitude, philosophy and conduct. As evidence of this commitment and acceptance, I submit the following information and accept and acknowledge the following:

(Check each box)

CHURCH MEMBERSHIP: I am a baptized member in regular standing of the Seventh-day Adventist Church. My membership is at the church indicated below and I authorize the Southern California Conference of Seventh-day Adventists to contact my church to verify my membership.

Church name	City, State	Conference
-------------	-------------	------------

ADHERENCE TO SDA VALUES: I understand that my offer of employment and my continued employment is conditional upon my adherence to the practices, standards, beliefs and precepts held by the Seventh-day Adventist Church.

ACCEPTANCE OF SCC POLICIES: In order for the Southern California Conference of Seventh-day Adventists to function efficiently and effectively, I agree to follow the official policies of the Southern California Conference of Seventh-day Adventists.

Signature

Date