

FOR NADHRS ONLY:

NAME \_\_\_\_\_

DATE: \_\_\_\_\_

North American Division  
of the Seventh-Day Adventist® Church

# APPLICATION FOR EMPLOYMENT



Seventh-day Adventist® Church  
NORTH AMERICAN DIVISION

HUMAN RESOURCE  
SERVICES

# North American Division of the Seventh-Day Adventist® Church

## Application for Employment

**As a condition of initial and ongoing employment, employees of the North American Division of Seventh-day Adventists are:**

- baptized, tithe-paying members in regular standing with the Seventh-day Adventist Church
- members committed to Christ service
- ministers faithful to ordination vows
- adherents of Bible-based teachings and church standards by exemplifying standards of personal conduct that preclude:
  - chemical and substance abuse, including the possession or use of alcoholic beverages or tobacco in any form, and the possession or illegal use of drugs
  - use of profanity
  - immoral conduct including but not limited to engaging in pornographic activities, adultery, fornication, and sexual perversions including incest, child sexual abuse, and homosexual practices
  - remarriage without biblical grounds, as defined in the Church Manual
- individuals who possess the highest professional and ethical standards in:
  - integrity
  - confidentiality
  - work performance
  - loyalty and cooperation
- individuals suitably dressed for a Christian work environment with use of jewelry limited to a simple wedding band
- individuals who avoid conflicting interests and enterprises
- individuals who resolve conflicts, disputes, complaints and grievances within prescribed procedures
- individuals who comply with policies, practices, guidelines of the North American Division as set forth in the Employee Handbook, Working Policy, and other organizational documents

I acknowledge that I have read and am in compliance with the above conditions of employment.

**Applicant's Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

The North American Division of Seventh-day Adventists® ("NAD") is an equal opportunity employer which does not discriminate in employment policies and practices on the basis of race, national origin, gender (except for positions requiring ordination), color, age, marital status, 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 regular standing.

## The North American Division of Seventh-day Adventists®

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## PERSONAL INFORMATION

Name (Last, First, Middle Initial) \_\_\_\_\_

Have you ever used another name for work, school or other purposes? If so, identify name(s) and dates used and circumstances.

Address (Number, Street, City, State, ZIP Code, Country) \_\_\_\_\_

Email Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Alternate Telephone Number \_\_\_\_\_

Position(s) applied for (1) \_\_\_\_\_ Department \_\_\_\_\_

(2) \_\_\_\_\_ Department \_\_\_\_\_

Are you seeking/available for: ☐ Full Time ☐ High Hours Part Time (30 per week) ☐ Low Hours Part Time (less than 30 per week)  
☐ Temporary Date available for work \_\_\_\_\_

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require sponsorship for employment visa status? ☐ Yes ☐ No

*(Appropriate work authorization will be required upon offer and acceptance of employment.)*

Are you at least 18 years of age? ☐ Yes ☐ No

Have you previously applied with or been employed by a Seventh-day Adventist Employer? ☐ Yes ☐ No

If yes, provide position, dates, supervisors: \_\_\_\_\_

Reason for leaving prior Seventh-day Adventist employment, including NAD: ☐ Resigned with notice ☐ Terminated ☐ Position eliminated  
☐ Quit with notice ☐ Counseled to resign ☐ Other (specify) \_\_\_\_\_

Do you have any relatives employed by NAD? ☐ Yes ☐ No If yes, names and location? \_\_\_\_\_

Do you intend to engage in other work while employed by NAD? ☐ Yes ☐ No

If yes, please provide employer, position and days/hours of the week employed: \_\_\_\_\_

Please state all languages (including English) that you speak, read, and write proficiently:

	Speak	Read	Write	Comments:
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are you baptized, tithe-paying member of the Seventh-day Adventist Church who meets all conditions of employment? ☐ Yes ☐ No

Church Membership (Name & address of the church where you are a member) \_\_\_\_\_

Pastor's Name & Telephone Number \_\_\_\_\_

Pastor's Email Address \_\_\_\_\_

## EDUCATION

	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?	IF NO, NUMBER OF YEARS COMPLETED	LIST DEGREE AND MAJOR
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No		
TRADE OR BUSINESS SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No		
GRADUATE WORK			<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please use additional sheets if needed.

## EMPLOYMENT RECORD

Please complete information of all employment (full-time and part-time, volunteer services and unemployment) during the past 10 years or your 5 most recent employers, whichever is greater. Begin with your current or most recent employment. Explain all gaps in your employment history. Use additional sheets if necessary.

Employer 1		Job Title	Employment Status	<input type="checkbox"/> On Call <input type="checkbox"/> F/T	<input type="checkbox"/> Vol <input type="checkbox"/> P/T
Address		Duties			
Telephone Number	Supervisor's Name	Skills/Licenses/Certifications			
Dates Employed From To		Reason for Leaving (check one): <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 <input type="checkbox"/> Other (specify)			
Employer 2		Job Title	Employment Status	<input type="checkbox"/> On Call <input type="checkbox"/> F/T	<input type="checkbox"/> Vol <input type="checkbox"/> P/T
Address		Duties			
Telephone Number	Supervisor's Name	Skills/Licenses/Certifications			
Dates Employed From To		Reason for Leaving (check one): <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 <input type="checkbox"/> Other (specify)			
Employer 3		Job Title	Employment Status	<input type="checkbox"/> On Call <input type="checkbox"/> F/T	<input type="checkbox"/> Vol <input type="checkbox"/> P/T
Address		Duties			
Telephone Number	Supervisor's Name	Skills/Licenses/Certifications			
Dates Employed From To		Reason for Leaving (check one): <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 <input type="checkbox"/> Other (specify)			

Employer 4		Job Title	Employment Status	<input type="checkbox"/> On Call	<input type="checkbox"/> Vol
Address		Duties			
Telephone Number	Supervisor's Name	Skills/Licenses/Certifications			
Dates Employed From _____ To _____		Reason for Leaving (check one): <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 <input type="checkbox"/> Other (specify) _____			

  

Employer 5		Job Title	Employment Status	<input type="checkbox"/> On Call	<input type="checkbox"/> Vol
Address		Duties			
Telephone Number	Supervisor's Name	Skills/Licenses/Certifications			
Dates Employed From _____ To _____		Reason for Leaving (check one): <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 <input type="checkbox"/> Other (specify) _____			

Have you ever been terminated from employment or asked/counseled to resign by **any** employer, whether or not listed above? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

## SPECIALIZED SKILLS

List all specialized skills and equipment or computer programs which you operate proficiently:

Skills

Equipment/Computer/Programs

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## PROFESSIONAL REFERENCES

Please provide three professional/work references (no family or friends):

NAME	TELEPHONE NUMBER	ADDRESS	RELATIONSHIP TO YOU
1.			
2.			
3.			

Additional references may be requested.

## ADDITIONAL INFORMATION

Provide any additional information you believe will assist NAD in considering your application, including membership in professional or civic organizations, specialized training, apprenticeships or other qualifications.

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## APPLICATION AND HIRING PROCESS

The application will be considered only for the vacant position(s) listed by the applicant. Applicants desiring to be considered for other positions, or who are rejected by NAD, must submit a new application. NAD may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by NAD Human Resources.

## CRIMINAL HISTORY INFORMATION

If you are among the final candidates being considered for this position, or if you receive a conditional offer of employment, you will be asked to answer questions regarding any past criminal history. If you refuse to answer, or falsely answer any of the criminal history questions, you will not be further considered for employment.

## MOTOR VEHICLE RECORD

Please complete this section only if you are applying for a position which includes driving an NAD or personal vehicle for work purposes.

Driver's License No. \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been denied, suspended or revoked? ☐ Yes ☐ No

If yes, provide complete information on action(s), date(s), location(s) and current status: \_\_\_\_\_

List of all violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or forfeited bond in the past 5 years: \_\_\_\_\_

Do you have automobile liability insurance? ☐ Yes ☐ No If yes, expiration date \_\_\_\_\_

## APPLICANT VERIFICATION

By signing below, I certify that this Employment Application was completed by me and that all entries and information on this application and any exhibits, resumes, and other materials provided to NAD are true, correct and complete. I understand that all information I have provided is subject to verification. I further understand that false, misleading, incomplete or omitted information on this application, any exhibits, resumes and other materials, in interviews or otherwise in the application process will result in rejection of my application or termination, if hired, regardless of the date of discovery. **By signing this application, I authorize all persons and organizations, including but not limited to my former and present employers and personal references, to provide NAD and its agents with complete information they may have concerning my character, employment record and suitability for employment with NAD, including information contained in any personnel file.** I understand that information provided by them may be used by NAD in consideration my application. If NAD conducts a consumer report/background check about me under the Fair Credit Reporting Act, I will receive a separate notice and authorization for that report.

I acknowledge that this application is not an offer of employment or a contract with NAD. I understand that employment with NAD is "at will" and based on mutual consent. Either NAD or I can cease any employment relationship at any time with or without prior notice or requirement of cause. I understand that no employee of NAD, other than NAD Human Resource Services, is authorized to enter into any contract or create any employment relationship other than "at will." I acknowledge that neither any verbal nor written communication made to me during the application and/or interview process or during employment, nor any provision of the employee handbook constitutes any implied employment agreement.

I understand that if I am hired by NAD, I will be required to complete a Federal I-9 Form and provide documentation verifying my right to live and work in the United States.

Any conditional employment offer by NAD is subject to my successful completion of all employment prerequisites, including but not limited to verifying employment references and licenses/certification/credential (where appropriate) and a criminal background check.

If hired by NAD, I will comply with all policies, rules, codes, and procedures that may apply to my position and employment.

I understand that under Maryland Law an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that an individual submit to or take a lie detector, or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Seventh-day Adventist Church  
NORTH AMERICAN DIVISION

HUMAN RESOURCE  
SERVICES

## Supplemental Criminal History Questionnaire

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

*(Please use complete names rather than initials)*

Please provide on **ALL** convictions, please, and alternative disposition programs that have occurred **at any time**. Please disclose any criminal offense that may appear on your record. If you are uncertain of the exact date or how the criminal offense was classified, state the approximate date and your understanding of the criminal classification.

Have you **at any time (check all that apply)**: ☐pled guilty or ☐nolo contendere (no contest) or ☐been convicted of any criminal offense (misdemeanor or felony) other than parking tickets?

Have you **at any time** been subject to judicial or non-judicial punishment under the Uniform Code of Military Justice?

☐Yes ☐No *(check one)* If yes, provide complete information on all criminal offense(s), date(s) location(s) (city and state) and disposition: \_\_\_\_\_

\_\_\_\_\_  
*(use additional sheets if necessary)*

Have you **at any time** served any of the following for any criminal offense? (Check appropriate box). If the alternative disposition program in which you participated is not specifically listed below, you **MUST** disclose it by checking the last option and describing the program. Failure to alternative disposition programs will be considered falsification and result in your ineligibility for employment.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> pretrial diversion                   | <input type="checkbox"/> deferred adjudication                   | <input type="checkbox"/> deferral of prosecutions    |
| <input type="checkbox"/> suspended sentence                   | <input type="checkbox"/> community supervision                   | <input type="checkbox"/> expungement of conviction   |
| <input type="checkbox"/> shock incarceration                  | <input type="checkbox"/> community-based punishment              | <input type="checkbox"/> postponed judgment          |
| <input type="checkbox"/> probation program                    | <input type="checkbox"/> unconditional discharge                 | <input type="checkbox"/> restorative justice program |
| <input type="checkbox"/> community control program            | <input type="checkbox"/> pretrial intervention                   | <input type="checkbox"/> indeterminate commitment    |
| <input type="checkbox"/> pretrial release                     | <input type="checkbox"/> probation without adjudication of guilt | <input type="checkbox"/> supervised release          |
| <input type="checkbox"/> any other type of disposition        | <input type="checkbox"/> probation prior to judgment             | <input type="checkbox"/> conditional discharge       |
| <input type="checkbox"/> Other program (describe type): _____ |  |  |

\_\_\_\_\_  
*(use additional sheets if necessary)*

Conviction of a crime is not an automatic bar to consideration for employment with the North American Division (NAD). Factors such as age at the time of conviction, length of time since the offense, the nature and seriousness of the offense, and rehabilitation will be considered by the NAD.

If your criminal history would exclude your form consideration for a position, the NAD will conduct an individualized assessment by (i) providing notice that you may be excluded because of past criminal conduct, (ii) allowing you to demonstrate that an exclusion based on criminal history should not apply to you, and (iii) giving consideration to additional information that you provide within a reasonable time period (usually within 5 working days) to show that the criminal history exclusion is not job-related and consistent with business necessity.

## ACKNOWLEDGEMENT

I acknowledge that I have read and understand this Supplemental Criminal History Questionnaire. I verify that the information I have provided on this form is true, correct and complete, and contains no errors or omissions. I agree to provide the NAD with additional information, if requested. I understand that providing false, incorrect, misleading, or incomplete information in response to this Questionnaire will result in rejection of my application, withdrawal of any conditional job offers or termination, if employed.

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Applicant's Signature

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Applicant's Printed Name

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Street Address

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City/State/Zip Code

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Driver's License Number  
(or alternative identification)

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State Issuing Driver's License  
(state issuing alternative identification)