



Mountain View Conference of Seventh-day Adventists

Application for Employment

1400 Liberty Street, Parkersburg, WV 26101

304-422-4581 Phone

The Mountain View Conference of Seventh-day Adventists ("Conference") is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, sex, age, national origin, physical or mental disability, or other protected categories under state laws, regulations and local ordinances. The employment practices of the Conference reflect religious preferences permitted by the United States Constitution and controlling law. The Conference hires Seventh-day Adventist church members in regular standing. This application will be actively considered for the positions you have requested for 3 months after submission to the Mountain View Conference. Applicants desiring to be considered for other positions, or after the 3-month time period has expired, must submit a new application. The Mountain View Conference may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by the Mountain View Conference.

Please complete all questions on this Employment Application in black or blue pen. You may supplement this application with a resume or curriculum vitae, if you desire, but all questions on this form must be answered for you to be considered by the Mountain View Conference.

GENERAL

Last Name (Please Print) _____

First _____

Middle _____

Address _____

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.

Social Security Number _____ - _____ - _____

Telephone (Home): (_____) _____

Telephone (Other): (_____) _____

Email Address: _____

Are you at least 18 years of age?

Yes

No

Are you at least 21 years of age?

Yes

No

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

English

Speaking

Reading

Writing

Comments:

Are you a member of the Seventh-day Adventist Church? Yes No

If so, how long? _____

Church of which you are a member _____

Church Pastor _____

POSITION

What position are you seeking: _____

What location are you seeking to work at within the Conference: _____

Date available to begin work: _____

Classification desired: Temporary Less than half-time Half time or more Full-time

Days available to work: Check all that apply.

() All () Sunday () Monday () Tuesday () Wednesday () Thursday () Friday

How many hours can you work weekly? _____

What time of the day are you able to work? _____

Do you have any remuneration expectations Yes No If yes, what? _____

TEACHING PREFERENCE (If for a teaching position)

Indicate the grades or subjects preferred:

	Pre-K	K	Grades 1-3	Grades 4-6	Grades 7-8	Secondary Subjects
1 st Choice:	_____	_____	_____	_____	_____	_____
2 nd Choice:	_____	_____	_____	_____	_____	_____
3 rd Choice:	_____	_____	_____	_____	_____	_____

EDUCATION

List the academics and/or high schools, colleges, and universities you have attended.

Institution Attended	Major Field Degree	Minor Field	No. of Years Completed	Did You Graduate?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TEACHER CERTIFICATION (If for a teaching position)

What type of teaching credential or certificate do you hold? conditional standard professional, other (specify: _____)

When do your credential(s) or certificate(s) expire? _____

Has any denominational or state teaching certificate which you have held ever been limited, curtailed, suspended, or revoked? Yes No If yes, provide details on action(s) taken, date(s) and circumstances: _____

(use additional paper if necessary)

WORK EXPERIENCE

Provide complete information on all positions (full time, part-time and temporary) for the past 10 years or your 5 most recent employers, whichever is greater. Please explain all periods of unemployment. Use additional sheets if necessary to provide complete information.

1. Name & Address of Organization		From		To		Length of Employment (Yrs/Months)	Name of Supervisor or Ministerial Director	Telephone Number
		Mo	Yr	Mo	Yr			
Job Title	Describe responsibilities:							
Reason for Leaving <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____ If part-time, how many hours weekly? _____							
2. Name & Address of Organization		From		To		Length of Employment (Yrs/Months)	Name of Supervisor or Ministerial Director	Telephone Number
		Mo	Yr	Mo	Yr			
Job Title	Describe responsibilities:							
Reason for Leaving <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____ If part-time, how many hours weekly? _____							
3. Name & Address of Organization		From		To		Length of Employment (Yrs/Months)	Name of Supervisor or Ministerial Director	Telephone Number
		Mo	Yr	Mo	Yr			
Job Title	Describe responsibilities:							
Reason for Leaving <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____ If part-time, how many hours weekly? _____							
4. Name & Address of Organization		From		To		Length of Employment (Yrs/Months)	Name of Supervisor or Ministerial Director	Telephone Number
		Mo	Yr	Mo	Yr			
Job Title	Describe responsibilities:							
Reason for Leaving <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____ If part-time, how many hours weekly? _____							
5. Name & Address of Organization		From		To		Length of Employment (Yrs/Months)	Name of Supervisor or Ministerial Director	Telephone Number
		Mo	Yr	Mo	Yr			
Job Title	Describe responsibilities:							
Reason for Leaving <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Resigned w/notice <input type="checkbox"/> Terminated <input type="checkbox"/> Quit w/o notice <input type="checkbox"/> Counseled to resign <input type="checkbox"/> Voluntary transfer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____ If part-time, how many hours weekly? _____							

(USE ADDITIONAL SHEETS IF NECESSARY)

EXPERIENCE

Have you ever been non-renewed, terminated or counseled to resign by any employer, whether or not listed above? Yes No. If yes, please provide employer, dates and circumstances: _____

(use additional sheets if necessary)

Please list any special training or experience which you believe will contribute to your success:

If you are a certified teacher seeking that position and not currently teaching, explain why you ceased doing so:

CRIMINAL HISTORY INFORMATION

There is no time limit to the questions regarding criminal history. Provide information on **ALL** convictions, pleas and alternative sentencing or disposition programs that have occurred during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should be disclosed, except where non-disclosure is required under state law.

You need to disclose any criminal offense that may appear on your record, even if you are uncertain of the exact date or how a criminal offense was classified. Give the approximate date, your understanding of the criminal offense, and note that you are unsure of any more specific information.

You are not obligated to disclose sealed or expunged records of convictions or arrests in response to the questions on this application.

Have you **EVER** pled guilty to any criminal offense (misdemeanor or felony)?

Yes No

Have you **EVER** pled *nolo contendere* (no contest) to any criminal offense (misdemeanor or felony)?

Yes No

Have you **EVER** been convicted of any criminal offense (misdemeanor or felony)?

Yes No

If you answered yes to any of these questions, provide complete information on all criminal offense(s), date(s), locations(s) (city/county and state) and disposition: _____

(use additional sheets if necessary)

Have you **EVER** served or participated in any form of alternative sentencing or disposition program (for example, probation, pretrial diversion, or deferred adjudication) for any criminal offense?

Yes No

If you answered yes, please disclose any form of alternative sentencing or disposition program location (city/state), dates, criminal offense and outcome: _____

(use additional sheets if necessary)

Conviction of a crime will not be considered an automatic bar to employment with the Conference, unless state law prohibits employment in the position desired due to the criminal conviction.

REFERENCES

Please provide three work references (no family or friends). The information obtained from references will be considered in making a decision on your hiring by the Conference.

Name	Address:	Relationship to you	Years Known
	Telephone:		

Name	Address:	Relationship to you	Years Known
	Telephone:		

Name	Address:	Relationship to you	Years Known
	Telephone:		

MOTOR VEHICLE RECORD

Please complete this section only if the position for which you may be employed would involve driving a Conference and/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 all violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or served any alternative sentencing or disposition program within the past 5 years:

Have you had any accident during the past three years? Yes No

Do you have automobile liability insurance? Yes No If yes, expiration date: _____

VERIFICATION

I verify that this Employment Application form has been completed by me and that the information on this form and all resumes, curriculum vitae and other materials submitted to the Conference are true, correct, and complete. I authorize the Conference to review and use information about me that is available on the Internet. I understand that false, misleading, incomplete or omitted information on this form or any other materials submitted to the Conference or during the call/hiring process may result in rejection or dismissal, if hired.

I understand that this form does not constitute a call from or employment contract with the Conference. I understand that if I am called to the Conference for employment, I will be required to complete a Federal I-9 form and complete documentation verifying my right to live and work in the United States.

I authorize all persons and organizations, including but not limited to my prior and current employers and references, to provide the Conference and its agents with complete information they may have concerning my character, employment record, job performance, conduct, and suitability for employment with the Conference. I release the Conference, my present and prior employer(s), references, and any other organizations and persons from any liability which, at any time, may result from obtaining or providing information about me and making any employment decisions based upon such information.

I understand that my being hired by the Conference is subject to my successful completion of all employment prerequisites, including but not limited to verifying employment and professional references and a criminal record check under the Fair Credit Reporting Act. I understand that I will be provided with separate notification and authorization for that criminal background check.

I further understand that all applicants and employees may be tested for illegal drugs and consent to such testing, searches, inspections, and examinations as may be required by policy and permitted by law.

If I am hired and employed by the Conference, I will comply with all policies, rules, codes and procedures of the Conference and specific work location I am working at with or without notice of changes in such policies. I further acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn, with or without cause, and with or without prior notice, at any time at the option of the Conference or me. I further acknowledge that no oral promises or guarantees in connection with any aspect of my employment shall be binding, unless confirmed in writing by the Conference.

Applicant Signature

Date