



Oklahoma Conference
of Seventh-day Adventists®

APPLICATION FOR EMPLOYMENT

HUMAN RESOURCES

4735 NW 63rd Street
Oklahoma City, OK 73132
P.O. Box 32098
Zip: 73123
P:405-721-6110
F:405-721-7594

The Oklahoma Conference of Seventh-day Adventists is an equal opportunity employer. Qualified applicants will be considered for vacancies without regard to race, color, sex, age, national origin, genetic information or disability. The Conference prohibits any form of workplace harassment. The employment practices of the Conference reflect religious preferences in harmony with the United States Constitution and controlling law; therefore, the Conference hires and employs only Seventh-day Adventist church members in good standing. Information on this application will not be used to discriminate against any applicant.

To be considered for employment, please complete all questions and submit this application form to the Conference at hr@okadventist.org.

PERSONAL INFORMATION

(Please print)

Last Name	First	Middle
Have you ever used other names education, employment or other purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name(s) used, dates and circumstances:		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position(s) Applied for:		Department:
Are you seeking/available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> time (Hours per week) <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal Date available for work: _____		
Are you able to perform the duties of the position for which you have applied, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever (check all that apply) <input type="checkbox"/> applied before, or <input type="checkbox"/> been previously employed with the Oklahoma Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide date(s) of application or employment, position sought or held, and reason <i>for</i> leaving employment:		
Do you have relatives employed by the Oklahoma Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where, provide names, location and position held?		
Do you plan to engage in other work while employed by the Conference? If <input type="checkbox"/> Yes <input type="checkbox"/> No yes, please indicate employer, position and days/hours of the week employed.		

Please indicate all languages (including English) that you speak, read or 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"/>	_____
The Oklahoma Conference requires that employees be baptized, tithe-paying members in good standing of the SDA Church. Please provide: Church Membership _____ Church Address _____ Pastor's Name _____ Telephone Number _____				

EDUCATION

School	Name and Location of School	Did you Graduate?	If no, number of years completed	List Degree and Major
High 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		
Trade School/Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY

Provide complete information on all employment (full-time, part-time and other) for the **past 10 years or your 3 most recent employers**, whichever is greater. Explain all periods of unemployment. Use additional sheets if necessary to provide complete information.

Current/Most Recent Employer		Job Title		Employment Status _____ On Call _____ F/T _____ P/T	
Address			Duties		
Telephone Number		Supervisor's Name		Skills	
Dates Employed _____ to _____		Base Salary or Wage Start _____ End _____		Reason(s) for Leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Counseled to Resign <input type="checkbox"/> Quit without notice <input type="checkbox"/> Other (specify)	

Employer		Job Title		Employment Status _____ On Call _____ F/T _____ P/T	
Address			Duties		
Telephone Number		Supervisor's Name		Skills	
Dates Employed _____ to _____		Base Salary or Wage Start _____ End _____		Reason(s) for Leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Counseled to Resign <input type="checkbox"/> Quit without notice <input type="checkbox"/> Other (specify)	

Employer		Job Title		Employment Status _____ On Call _____ F/T _____ P/T	
Address			Duties		
Telephone Number		Supervisor's Name		Skills	
Dates Employed _____ to _____		Base Salary or Wage Start _____ End _____		Reason(s) for Leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Counseled to Resign <input type="checkbox"/> Quit without notice <input type="checkbox"/> Other (specify)	

Employer		Job Title		Employment Status _____ On Call _____ F/T _____ P/T	
Address			Duties		
Telephone Number		Supervisor's Name		Skills	
Dates Employed _____ to _____		Base Salary or Wage Start _____ End _____		Reason(s) for Leaving <input type="checkbox"/> Terminated <input type="checkbox"/> Position Eliminated <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Counseled to Resign <input type="checkbox"/> Quit without notice <input type="checkbox"/> Other (specify)	
Have you ever been discharged or asked/counseled to resign by any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide complete information on employer(s), action(s), date(s) and explanation:					
Have you received any Termination Settlement(s) under NAD Working Policy from any Seventh-day Adventist organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the name of the organization issuing the Termination Settlement, the approximate date and circumstances:					

SPECIALIZED SKILLS

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

Skills	Equipment/Programs

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

PROFESSIONAL/WORK REFERENCES

Please provide three professional/work references (no family or friends) who are knowledgeable about your current and prior employment.

Name	Telephone Number	Address	Relationship to You
1.			
2.			
3.			

LICENSURE/CERTIFICATION

Do you hold a valid professional, or occupational denominational license/certification for the position for which you are applying? ☐Yes ☐No
If yes, provide license certification information, issuing state/denominational organization and expiration date:

Have you ever been denied a professional, occupational, or denominational license or certification? ☐Yes ☐No

Has your license or certification ever been revoked, suspended, or subject to discipline by any governmental authority, professional organization or denominational entity: ☐Yes ☐No

If yes, please provide dates, actions taken and current license or certification status:

DRIVING RECORD

Answer these questions only if the position for which you are applying would require regular or occasional driving of Oklahoma Conference or personal vehicles in the position for which you have applied.

Do you have a current driver's license? ☐Yes ☐No

If yes, please give state and license number:

Is your driver's license limited in any manner? ☐Yes ☐No

If yes, please describe:

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

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

List all moving violations, convictions and guilty/no contest pleas for driving offenses during the past five years. Include offense(s), date(s), and current status (*use additional sheets if needed*):

Do you have automobile liability insurance: ☐Yes ☐No

If yes, provide company and expiration date:

WORK ELIGIBILITY INFORMATION

Are you a U.S. Citizen? ☐ Yes ☐ No If NO, state country of citizenship _____

Do you have the right to work in the U.S.? ☐ Yes ☐ No If NO, please provide requisite documentation verifying this right. _____

Are you able to perform duties of the position without accommodation? ☐ Yes ☐ No

If NO, please provide accommodation information _____

Are you a member of the Seventh-day Adventist Church? ☐ Yes ☐ No Number of years as a member: _____

Name of Seventh-day Adventist Church of Membership _____ Location _____

APPLICATION PROCEDURE

The Oklahoma Conference accepts applications for specific job positions. This application will only be considered for the position(s) listed by the applicant for 90 days from submission. Applicants desiring to be considered for other positions must submit a new application for additional positions desired. The Conference may not interview all applicants for a vacant position. Those applicants to be interviewed will be contacted by the Conference.

CRIMINAL RECORD INFORMATION

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

APPLICANT VERIFICATION

I verify that all of the information this application and in resumes submitted to the Oklahoma Conference has been completed by me and is true, correct and complete. I have not omitted any information requested by the Oklahoma Conference. I understand that false, misleading, incomplete or omitted information on this application, in resumes/ exhibits, or in interviews with Conference officials will result in rejection of my application or termination from employment, whenever discovered.

If my application is considered for employment, I authorize verification of the information provided under this application, resumes and exhibits and an investigation of my suitability for employment. I authorize all current and prior employer(s) to verify the information provided on this application and in resumes, and to provide information regarding my performance, conduct, and suitability for employment and any termination settlements issued to me. I also authorize all current and prior employers to disclose to the Oklahoma Conference documents in their possession or subject to their control, including information contained in my personnel file(s). I release the Oklahoma Conference and any and all persons, organizations or companies from any liability or damages or whatever kind or nature which, at any time, may result from releasing or obtaining information about me. I understand that the Oklahoma Conference will provide me with a separate notice and authorization if it desires to conduct a background check under the provisions of the federal Fair Credit Reporting Act.

I understand that this application is not a job offer or a contract of employment for any specific time period. I acknowledge that in the absences of a written contract to the contrary, my status, if hired, will that of an employee at-will without contractual rights, express or implied, for continued employment with the Oklahoma Conference. I further acknowledge that nothing said to me during the application and/or interview process, during employment, or in employee handbooks constitute an express or implied employment agreement. I acknowledge that I may resign any employment with the Oklahoma Conference or be terminated at any time without prior notice or cause. I understand that no unauthorized representative of the Oklahoma Conference may enter into any agreement for employment or make any representation or agreement contrary to this paragraph.

Applicants hired by the Oklahoma Conference must complete a federal I-9 form and provide verifying documentation of their legal right to reside and work in the United States within 72 hours after hiring. Individuals unable to complete an I-9 form without supplied verifying documentation will be ineligible for further employment.

Employment with the Oklahoma Conference is subject to completion of certain pre-employment procedures, including but not limited to verifying employment and personal references and a background check.

If employed, I will comply with all policies, rules and procedures of the Oklahoma Conference.

Applicant's Signature

Date

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