

EMPLOYMENT APPLICATION FOR LOCALLY FUNDED PERSONNEL

ARKANSAS-LOUISIANA CONFERENCE

P O Box 31000

SHREVEPORT, LA 71130

NAME _____

(OFFICE USE ONLY)

Position applied for: _____ Date: _____

PERSONAL DATA:

Full Legal Name: _____ Social Security #: _____

Home Address: _____ Telephone: _____

_____ Date of Birth: _____

Email Address: _____

Have you used other name(s) in prior employment, school or other circumstances? Yes ___ No ___

If yes, please provide maiden or other names: _____

Are you a member of the Seventh-day Adventist Church? Yes ___ No ___ Number of years, if member ___

Location/Name of Church _____ Pastor _____

EDUCATION: Complete the following for each college or university attended.

College or University (City and State)	Curriculum or Major	Degree or Hours Completed

JOB EXPERIENCE: List in chronological order. Use additional sheet if necessary.

Dates From/ To	Address	Supervisors	Position	Reason for Leaving

CERTIFICATION (If applicable): List the valid denominational teaching certificate(s) held, and indicate the endorsement(s) and the expiration date for each. (Example, Standard Certificate, Elementary Endorsement, Expiration Date: August 2019.) Please attach a photocopy of your certificate(s).

___ Basic; ___ Standard; ___ Professional; ___ Administrator; ___ Designated Subjects; ___ Conditional

Endorsements _____ Expiration Dates _____ State certificates (which state? _____)

Has your denominational or state teaching certificate ever been limited, curtailed, suspended or revoked?

Yes ___ No ___ (If yes, attach details providing employer, dates, action taken and circumstances.)

POSITION APPLIED FOR _____

Have you ever been terminated, dismissed or asked to resign from any Seventh-day Adventist denominational position or other employment? Yes _____ No _____ (If yes, attach details providing employer, dates, action taken and circumstances.)

Have you ever plead guilty to or been convicted of any criminal offense? Yes _____ No _____ (If yes, list details providing dates, circumstances and disposition). _____

Criminal convictions are not an automatic bar to consideration for employment. You may be asked to authorize verification of any criminal record. Your signature on this document authorizes this employing organization to complete a background check upon yourself.

Are you currently serving probation for any criminal conviction? Yes _____ No _____ (If yes, attach details.)

REFERENCES: List below at least four persons other than relatives who can provide both character and employment references. (Please use additional page if needed to include all the information requested.)

Name	Position	Address	Zip	Phone

VERIFICATION OF APPLICATION INFORMATION

I hereby certify that all information on this employment application and any resume or exhibit is true, correct and complete. I have not withheld any information requested on this application. I understand that false, misleading, incomplete or omitted information on this application or my resume will result in disqualification for employment or, if I am hired, dismissal from employment. I authorize the employing organization and its agents to confirm information supplied on this application and my resume and to investigate my suitability for employment. I agree to furnish additional information if requested; I release all parties and persons from any claims, liabilities and damages that may result from requesting or furnishing information about me to the employing organization, as well as from using such information in considering my employment application. I am a member in good and regular standing of the Seventh-day Adventist Church, and abide by its teachings. I understand that no one other than the conference K-12 Board of Education, ADCOM Committee, or Executive Committee is authorized to enter into any employment agreement for any specific time period, or to make any agreement contrary to the foregoing.

Signature of Applicant

Date