### **CRIMINAL HISTORY INFORMATION**

Unless a time limit is stated in a question, please 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 by state law.

You should disclose any criminal offense that may appear on your record. 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 <b>EVER</b> 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, community control, pretrial release, 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 except where state laws prohibit employment in the position desired due to the criminal conviction

#### MOTOR VEHICLE RECORD

Please complete this section <u>only</u> if you are a	pplying for a position	which inclue	les driving a C	Conference or personal vehicle for work purpose
Driver's License No	Issuing State: _			_ Expiration Date:
Has your driver's license ever been denied, sus	spended or revoked?	□ Yes	□ No	
If yes, provide complete information on action(s	s), date(s), location(s) a	and current sta	atus:	
List all violations (other than parking tickets) for disposition program within the past 5 years:			0 ,	contest, or served any alternative sentencing or
Do you have automobile liability insurance?	□ Yes □ No	lf y	es, expiration	date:

#### **APPLICANT VERIFICATION**

I verify that this application has been completed by me and that all of the information on this application and all exhibits and resumés 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 application or submitted exhibits or resumés will result in rejection of my application or dismissal, regardless of the date of discovery. I authorize all persons and organizations, including but not limited to my former and the application experiment of the application experiment. present employers and references, to provide the Conference and its agents with complete information concerning my character, employment record and suitability for employment with the Conference. If the Conference desires to conduct a consumer report or background check about me under the Fair Credit Reporting Act, I understand that I will receive a separate notice and authorization for that report.

I understand that this application is not an offer of employment or any employment contract with the Conference. I understand that employment with the Conference is "at will" and based on mutual consent. Either the Conference or I can cease the employment relationship at any time with or without prior notice or requirement of cause. I understand that no employee of the Conference, other than the Office <u>Of Secretariat</u>, is authorized to enter into any employment contract or create any employment relationship other than "at will."

I understand that if I am hired by the Conference, 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 the Conference is subject to my successful completion of all employment prerequisites, including but not limited to verifying employment and personal references and certification/credential (where appropriate) and a criminal background check for some positions.

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



Applicant Signature



# Southeastern Conference of Seventh-day Adventists

1701 Robie Avenue • Mt. Dora, FL 32757 Phone: 352-735-3142 • Fax: 352-735-3562

### **EMPLOYMENT APPLICATION**

(Exempt / Non-Exempt Employees)

The Southeastern Conference of Seventh-day Adventists ("Conference") is an equal opportunity employer and does not discriminate against gualified 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.

#### Please complete all questions on this application form. You may supplement the application with a resume, but all questions on this application must be answered for you to be considered by the Conference.

Last Name	First	Middle	Date			
Have you ever used another name for wor used and circumstances.	Home Telephone ( ) –					
Street Address			Work Telephone ( ) –			
City, State, Zip			Remuneration Requested			
Social Security Number						
Are you a member of the Seventh-day Adv	ventist Church?   Yes  N	lo If so, how long?				
Church of which you are a member:		Pastor:				
Have you ever previously applied with or b	peen employed by the Conference?	? □ Yes □ No If employed	Month and Year			
Reason for leaving: resigned with not terminated other (specify):	Are you at least 18 years of age? □ Yes □ No					
What is your availability for work?   Full time  Part-time  Seasonal  Other If none of the above, what hours/days can you work?						
Do you plan to engage in other work while employed by the Conference? □ Yes □ No If yes, please indicate employer, position and days/hours of the week employed.						
If your application is considered favorably, when can you begin work?						
	EDUCA	TION				

E	L

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree/Diploma	Major(s)/Minor(s)
High School				□ Yes □ No		
Business/ Technical				□ Yes □ No		
College/ University				□ Yes □ No		
Graduate/ Professional				□ Yes □ No		

#### PERSONAL INFORMATION

### JUCATION

#### EMPLOYMENT

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

	Current or most recent Employer				Telephone (    )	_
	Address				Dates of employment	
					From	То
						10
1	Name of Supervisor				Compensation	
1					Start	End
	Job Title and Describe Your Work					
	Reason for Leaving (check one):	□ Resigned with notice	□ Terminated		on Eliminated	
		Quit without notice	Counseled to resign	Other	(specify)	
	Dries Freedower				Talanhana	
	Prior Employer				Telephone	
					( )	-
	Address				Dates of employment	
					From	То
	Name of Supervisor				Compensation	
2	Name of Supervisor					
					Start	End
	Job Title and Describe Your Work					
	Reason for Leaving (check one):	Resigned with notice	Terminated		on Eliminated	
	reacon for Loaving (chook onlo).	□ Quit without notice	Counseled to resign	□ Other		
					(Specify)	
	Prior Employer				Telephone	
	1 5				( )	_
	Address				· ,	
	Address				Dates of employment	_
					From	То
	Name of Supervisor				Compensation	
3					Start	End
	Job Title and Describe Your Work					
	Reason for Leaving (check one):	□ Resigned with notice	□ Terminated		on Eliminated	
		Quit without notice	Counseled to resign	□ Other	(specify)	
	Prior Employer				Telephone	
						_
					· · · ·	
	Address				Dates of employment	
					From	То
	Name of Supervisor				Compensation	
4					Start	End
					Start	Ellu
	Job Title and Describe Your Work					
	Reason for Leaving (check one):	Resigned with notice	Terminated	Position	on Eliminated	
	<b>3</b> (1 - 1 - 1)	□ Quit without notice	Counseled to resign	□ Other		
			5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		(-)	
	Prior Employer				Telephone	
					( )	-
	Address				Dates of employment	
					From	То
						10
5	Name of Supervisor				Compensation	
					Start	End
	Job Title and Describe Your Work					
	Reason for Leaving (check one):	Resigned with notice	Terminated		on Eliminated	
	i cason for Leaving (check offe).	Quit without notice	Counseled to resign	□ Position □ Other		
					(specify)	

Have you ever been terminated from employment or asked/counseled to resign by *any* employer, whether or not listed above? 🗆 No If yes, please provide employer, location, dates and describe circumstances.

List any additional qualifications:							
Please state all languages (inclu	Please state all languages (including English) that you speak, read and write proficiently:						
	Speak	Read	Write	Comments:			
English							
Are you capable of communicating in sign language? □ Yes □ No Equipment skills: Computer Software							
Other business training/experience:							
CERTIFICATIONS/LICENSES							

List all certifications or licenses held:	
Has any certification or license ever been denied, curtailed, suspended, revoked or subject to an investigation?	□ Yes □ No
If so, provide details on action taken, dates and circumstances:	

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

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

# **ADDITIONAL INFORMATION**

Provide any additional information you believe will assist the Conference in considering your application:

## **ADDITIONAL SKILLS**

# **EMPLOYMENT REFERENCES**