



## Upper Columbia Conference of Seventh-day Adventists

3715 South Grove Road  
Spokane, Washington 99224  
(509) 838-2761

## Employment Application for Certificated Positions

The Upper Columbia 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, or disability or other protected categories under Washington, Oregon or Idaho laws, regulations or local ordinances. The Conference prohibits any form of workplace harassment, misconduct or abuse. The Conference hires Seventh-day Adventist Church members in good standing based on religious preferences permitted by the United States Constitution and controlling law.

Please complete all questions on this application form. While you may supplement this application with a curriculum vitae or resume, if you desire, but all questions on this application must be answered by the applicant.

Your application will remain on file for this position for three (3) months after submission. If you desire to be considered for other positions, or after the 3-month period has expired, you must submit another application. The Conference may not interview all applicants/candidates for a vacant position. Those applicants to be interviewed will be contacted by the Conference.

Position applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Indicate any preferences you have for working in specific geographic areas within the Upper Columbia Conference: \_\_\_\_\_

### PERSONAL DATA:

Name:	Social Security Number:
Home Address:	
Telephone:	Other contact number:
Have you used other name(s) in prior employment, school or other circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.	
Are you a member of the Seventh-day Adventist Church? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of years, if member _____	
Location/Name of Church:	Pastor:

### JOB PREFERENCE: Check or list preferences

TEACHING	Elementary <input type="checkbox"/>	Junior High <input type="checkbox"/>	Senior High <input type="checkbox"/>
ADMINISTRATION	Elementary <input type="checkbox"/>	Junior High <input type="checkbox"/>	Senior High <input type="checkbox"/>
ELEMENTARY	Grades(s) _____		
SECONDARY	Subject-area(s) _____		
If you apply for secondary teaching and there is no vacancy, will you accept employment in an elementary school? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, what elementary grades do you prefer? _____			

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

College / University	City and State	Curriculum or Major	Hours Completed	Did you graduate?

**TEACHING/ADMINISTRATIVE EXPERIENCE:** Provide complete information on all teaching and/or administrative positions (full-time, part-time and temporary) for the past 10 years or your 5 most recent employers, whichever is greater. Use additional sheets if necessary to provide complete information.

Dates From / To	School, Address & Phone #	Conference or School District	Supervisor(s)	Position	Subject or Grade Taught

Reason for Leaving (check one):  
 Resigned with notice       Terminated       Position Eliminated  
 Quit without notice       Counseled to resign       Other (specify) \_\_\_\_\_

Dates From / To	School, Address & Phone #	Conference or School District	Supervisor(s)	Position	Subject or Grade Taught

Reason for Leaving (check one):  
 Resigned with notice       Terminated       Position Eliminated  
 Quit without notice       Counseled to resign       Other (specify) \_\_\_\_\_

Dates From / To	School, Address & Phone #	Conference or School District	Supervisor(s)	Position	Subject or Grade Taught

Reason for Leaving (check one):  
 Resigned with notice       Terminated       Position Eliminated  
 Quit without notice       Counseled to resign       Other (specify) \_\_\_\_\_

Dates From / To	School, Address & Phone #	Conference or School District	Supervisor(s)	Position	Subject or Grade Taught

Reason for Leaving (check one):  
 Resigned with notice       Terminated       Position Eliminated  
 Quit without notice       Counseled to resign       Other (specify) \_\_\_\_\_

Dates From / To	School, Address & Phone #	Conference or School District	Supervisor(s)	Position	Subject or Grade Taught

Reason for Leaving (check one):  
 Resigned with notice       Terminated       Position Eliminated  
 Quit without notice       Counseled to resign       Other (specify) \_\_\_\_\_

Have you ever been terminated, dismissed or counseled to resign by any organization, whether or not listed above?  
 Yes    No   If yes, please provide employer, dates and circumstances: \_\_\_\_\_  
 \_\_\_\_\_  
 (use additional sheets if necessary)

**OTHER WORK EXPERIENCE:** Provide complete information on all non-teaching work experience (full-time, part-time and temporary) for the past 10 years or your 3 most recent employers, whichever is greater. Use additional sheets if necessary to provide complete information.

Dates From / To	School, Address & Phone #	Conference or Employer	Supervisor(s)	Position	Wages
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) _____					
Dates From / To	School, Address & Phone #	Conference or Employer	Supervisor(s)	Position	Wages
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) _____					
Dates From / To	School, Address & Phone #	Conference or Employer	Supervisor(s)	Position	Wages
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, dismissed or counseled to resign by any organization, whether or not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please provide employer, dates and circumstances: _____ _____ (use additional sheets if necessary)					

**CERTIFICATE:**

Do you have a denominational teaching certificate?  Yes  No    Attach a photocopy of each current Seventh-day Adventists or state teaching certificate.

Type and date issued: \_\_\_\_\_

If none, state anticipated date of issuance and the certificate for which you are a candidate: \_\_\_\_\_

Do you have a State of Idaho, Oregon or Washington teaching license?  Yes  No    If so, type and date issued: \_\_\_\_\_

If none, state anticipated date of obtaining an Idaho, Oregon or Washington teaching license: \_\_\_\_\_

Where may we obtain a complete transcript of your school credits? \_\_\_\_\_

Has any denominational or state teaching certificate you have held ever been limited, curtailed, suspended, or revoked?  
 Yes    No

If yes, provide details on state(s), action(s) taken, date(s) and circumstances: \_\_\_\_\_

\_\_\_\_\_

(use additional sheets if necessary)

**ADDITIONAL INFORMATION:**

List any other training experience or skills that you believe contribute to your qualifications for a teaching or administrative position with the Conference:

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"/>	_____

Have you ever been employed by any Seventh-day Adventists organization in a position other than teaching?  Yes  No

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

Reason for leaving? (check one):  resigned with notice  quit without notice  counseled to resign  
 terminated  layoff  other (specify): \_\_\_\_\_

There is no time limit to the following questions regarding criminal history. Provide information on ALL convictions, pleas and alternative 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 withholding information is required or permitted under state law. You must 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, except where disclosure is prohibited by state law. State the approximate date, your understanding of the criminal offense, and note that you are unsure of any more specific information.

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

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)

Have you EVER been (formally or informally) accused, charged, convicted, pled guilty or pled no contest to any act of unlawful sexual conduct, child abuse and/or child sexual abuse?  Yes  No

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

\_\_\_\_\_

(use additional sheets if necessary)

Conviction of a crime will not be considered an automatic bar to employment with the Conference except where Washington, Oregon or Idaho law prohibit employment.

**MOTOR VEHICLE RECORD**

Please complete this section only if you are applying for a position which would include driving a Conference 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 forfeited bond in the past 10 years:

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

**PROFESSIONAL REFERENCES:** List at least four professional references (no family or friends). The information obtained from references will be considered by the Conference in making a decision on your application.

NAME	POSITION	ADDRESS (complete)	PHONE

**VERIFICATION OF APPLICATION INFORMATION**

I hereby certify that all of the information on this employment application and any curriculum vitae, résumé 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 curriculum vitae or résumé will result in disqualification for employment or, if I am hired, dismissal from employment, regardless of the date of discovery.

I am a member in regular standing of the Seventh-day Adventist Church and abide by its teachings.

I authorize the Conference to confirm information supplied on this application and any curriculum vitae or résumé and to investigate my suitability for employment. I agree to furnish additional information if requested by the Conference. I release all parties and persons from any claims, liabilities and damages that may result from requesting or furnishing information about me to the Conference, as well as the Conference from using such information in considering my employment application. This authorization to obtain background information does not include a consumer report under the federal Fair Credit Reporting Act. If the Conference conducts a consumer report or background check about me under the federal Fair Credit Reporting Act, I understand that I will receive a separate notice and authorization for that consumer report.

I understand that no one other than the Conference Superintendent of Education or his/her designee is authorized to enter into any employment agreement for any specific time period.

I understand that if employed I must complete an I-9 form and provide satisfactory proof of my identity and legal authority to work in the United States.

If employed, I understand that I must comply with the policies, rules and procedures of the Conference.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

3/2010