

CAROLINA CONFERENCE OF SEVENTH-DAY ADVENTISTS, INC.

EDUCATION EMPLOYMENT APPLICATION

The Carolina Conference of Seventh-day Adventists, Inc. is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, sex, age, national origin, marital status, physical or mental disability, or other protected categories under federal and state laws, regulations and local ordinances. The Conference prohibits any form of workplace harassment or misconduct. 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 good standing.

Please complete all questions on this Education Employment Application. You may supplement this application with a resume or curriculum vitae, if you desire, but all questions on this form must be answered to be considered for a call to the Conference.

General	Last Name (Please Print) _____	First _____	Middle Initial _____				
	Address _____						
	Have you ever used any other name(s) for work, school, or other reasons? If yes, list name(s) and dates/locations used and circumstances.		<input type="checkbox"/> Yes	<input type="checkbox"/> No			

	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If not, have you received employment authorization from the United States Immigration and Naturalization Service to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Email address: _____						
	Telephone (Home): (____) _____		Telephone (Other): (____) _____				
	Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please state all languages (including English) that you speak, read and write proficiently:							
	Speaking	Reading	Writing	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"/>	_____			
Are you a member of the Seventh-day Adventist Church? <input type="checkbox"/> Yes <input type="checkbox"/> No				If so, how long? _____			
Local SDA church of which you are a member _____							
Teaching Preference	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:	_____	_____	_____	_____	_____	_____

Prior Employment	Have you previously applied with or been employed by the Conference? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list position(s) _____
	Dates of Employment: _____
	Reason for Leaving: <input type="checkbox"/> resigned with notice, <input type="checkbox"/> quit without notice, <input type="checkbox"/> counseled to resign, <input type="checkbox"/> voluntary transfer, <input type="checkbox"/> terminated, <input type="checkbox"/> position eliminated, <input type="checkbox"/> other (specify): _____

Education	List the academics and/or high schools, colleges, and universities you have attended.					
	Institution Attended	Major Field	Minor Field	No. of Years Completed	Did You Graduate?	Degree
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Certification	What type of teaching certificate do you hold? <input type="checkbox"/> conditional <input type="checkbox"/> standard <input type="checkbox"/> professional, <input type="checkbox"/> other (specify: _____)
	When do your certification(s) expire? _____
	Has any denominational or state teaching certificate ever been limited, curtailed, suspended, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach sheet with details on action(s) taken, date(s) and circumstances)

Provide complete information on all teaching 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.

Teaching Experience	Name & Address of School	From		To		Length of Employment (Yrs/Months)	Name of Principal or Teaching Supervisor	Telephone Number	
		Mo	Yr	Mo	Yr				
	Job Title	Describe grade/subjects/number of pupils taught:							
	Reason for Leaving	<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"/> Position Eliminated <input type="checkbox"/> Other: _____							
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Substitute If part-time, how many hours weekly? _____								
	Name & Address of School	From		To		Length of Employment (Yrs/Months)	Name of Principal or Teaching Supervisor	Telephone Number	
		Mo	Yr	Mo	Yr				
	Job Title	Describe grade/subjects/number of pupils taught:							
	Reason for Leaving	<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"/> Position Eliminated <input type="checkbox"/> Other: _____							
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Substitute If part-time, how many hours weekly? _____								
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Job Title	Describe grade/subjects/number of pupils taught:								
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		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Substitute If part-time, how many hours weekly? _____						

(USE ADDITIONAL SHEETS IF NECESSARY)

Have you ever been non-renewed, terminated or counseled to resign by any educational 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 as a teacher:

If you are not currently teaching, explain why you ceased doing so: _____

Criminal History Information	<p>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.</p> <p>You should 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 prohibited by state law). Give the approximate date, your understanding of the criminal offense, and note that you are unsure of any more specific information.</p>
	<p>Have you EVER pled guilty to any criminal offense (misdemeanor or felony)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Have you EVER pled <i>nolo contendere</i> (no contest) to any criminal offense (misdemeanor or felony)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Have you EVER been convicted of any criminal offense (misdemeanor or felony)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>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: _____</p> <p>_____</p> <p style="text-align: center;">(use additional sheets if necessary)</p>

Criminal History Information	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered yes, please disclose any form of alternative sentencing or disposition program location (city/state), dates, criminal offense and outcome: _____</p> <p>_____</p> <p style="text-align: center;"><i>(use additional sheets if necessary)</i></p> <p style="text-align: center;"><i>Conviction of a crime will not be considered an automatic bar to employment with the Conference.</i></p>
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References	<p><i>Please provide three professional references (no family or friends). The information obtained from references will be considered in making a decision on your call to the Conference.</i></p>			
	Name	Address:	Type of Acquaintance	Years Known
		Telephone		
	Name	Address:	Type of Acquaintance	Years Known
		Telephone		
	Name	Address:	Type of Acquaintance	Years Known
		Telephone		
	Name	Address:	Type of Acquaintance	Years Known
		Telephone		

Motor Vehicle Record	<p>Please complete this section if the teaching position for which you may be employed would involve driving a Conference and/or personal vehicle for work purposes.</p> <p>Driver's License No. _____ Issuing State: _____ Expiration Date _____</p> <p>Has your driver's license ever been denied, limited, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide complete information on action(s), date(s), location(s) and current status:</p> <p>_____</p> <p>_____</p> <p>List all violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or forfeited bond in the past 5 years:_____</p> <p>_____</p> <p>Do you have automobile liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, expiration date:_____</p>
Verification	<p>I verify that this Educational Employment Application form has been completed by me and that the information on this form and all materials submitted to the Carolina Conference are true, correct, and complete. I understand that false, misleading, incomplete or omitted information on this form or materials submitted to the Conference or during the call process will result in rejection or dismissal, if hired.</p> <p>I understand that this form does not constitute a call from the Conference. I understand that if I am called to the Conference, 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.</p> <p>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, if called to the Conference, I must successfully complete a consumer report under the Fair Credit Reporting Act. I understand that I will be provided with separate notification and authorization for that consumer report.</p> <p>I understand that any call to the Conference is subject to my successful completion of all employment prerequisites, including but not limited to verifying employment and professional references and a consumer report/criminal record check.</p> <p>If called to the Conference, I will comply with all policies, rules, codes and procedures which apply to my teaching position.</p> <p>_____</p> <p>Signature _____ Date</p>

FOR CONFERENCE USE ONLY

R E F E R E N C E C H E C K	Employer	Name/Person Contacted	Results
	1		
	2		
	3		
	4		
	5		