Potomac Conference
CORPORATION OF SEVENTH-DAY ADVENTISTS®

APPLICATION FORM

Potomac Conference Corporation of Seventh-Day Adventists (PCCSDA) is a religiously-qualified Equal Opportunity Employer, with the right to prefer Seventh-day Adventists in hiring. It is the policy of PCCSDA to recruit and promote all job classifications on the basis of merit, qualification, competence, attitude and spiritual commitment. No aspect of employment shall be influenced by race, color, national origin, sex, age or handicap. Your application will be kept on file for 60 days. If you want to be considered for employment after 60 days from the date of this application you must complete and submit a new application. **PLEASE PRINT CLEARLY– Complete all sections.**

Position Applied For_____ Location_____ Date_____

Last Name_____ First _____ Middle _____

Address_____ Home Phone _____

City_____ State_____ Zip_____ Cell Phone _____

Email address _____ Are you a member of the Seventh-day Adventist Church? Yes No

Church Membership _____ Pastor's Name_____

EDUCATION

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		

SPECIALIZED SKILLS

List any additional qualifications _____

_____

Please list all languages (including English) that you speak, read, and write professionally

	Speak	Read	Write	Comments
English	☐	☐	☐	_____
_____	☐	☐	☐	_____
_____	☐	☐	☐	_____

Equipment/computer skills _____

_____

Other business/job related training and experience _____

_____

CERTIFICATES/LICENSES

List certificates or licenses held _____

_____

Has any certification or license ever been denied, curtailed, suspended, revoked, or subject to an investigation?

_____

EMPLOYMENT HISTORY (or attach resume)

*If resume is attached, please complete * Sections*

DATES	EMPLOYER, ADDRESS & PHONE*	JOB & MAJOR DUTIES	REASON FOR LEAVING*
From:		Title:	
		Duties:	
To:			IMMEDIATE SUPERVISOR*

DATES	EMPLOYER, ADDRESS & PHONE*	JOB & MAJOR DUTIES	REASON FOR LEAVING*
From:		Title:	
		Duties:	
To:			IMMEDIATE SUPERVISOR*

DATES	EMPLOYER, ADDRESS & PHONE*	JOB & MAJOR DUTIES	REASON FOR LEAVING*
From:		Title:	
		Duties:	
To:			IMMEDIATE SUPERVISOR*

EMPLOYMENT REFERENCES

Name	Phone Number	Company/Address/Email	Relationship to You
1.			
2.			
3.			

ADDITIONAL INFORMATION

May we contact your current employer? ☐ YES ☐ NO

If hired, can you provide satisfactory proof of identity and legal right to work in the U.S. as required by law? ☐ YES ☐ NO

Have you ever been convicted of or pled guilty to a criminal charge? ☐ YES ☐ NO
(If yes, attach a detailed explanation. The existence of a criminal record does not constitute an automatic bar to employment)

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation? ☐ YES ☐ NO

I agree to authorize the Potomac Conference Corporation of SDA to perform a background check ☐ YES ☐ NO

CERTIFICATION OF APPLICATION INFORMATION

I certify that all of the 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 employing organizations, as well as from using such information in considering my employment application. 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 U.S. If employed, I agree to conform to the policies and standards of the employing organization. I understand that no one other than the conference administrator or designee is authorized to enter into any employment agreement for any specific time period, or make any agreement contrary to the foregoing.

SIGNATURE OF APPLICANT _____ **DATE** _____