

CAROLINA CONFERENCE OF SEVENTH-DAY ADVENTISTS, INC

PASTORAL EMPLOYMENT INFORMATION FORM

The Carolina Conference of Seventh-day Adventists, Inc. ("Conference") is an equal opportunity employer and prohibits any form of workplace harassment. 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.

All questions on this form must be answered to be *considered* for employment, but do not constitute a *call* to the Conference, nor do they guarantee an interview or reply from the Conference. You may supplement this information form if you desire.

General	Last Name (Please Print) _____	First _____	Middle Initial _____			
Address _____						
Have you ever used any other name(s) for work, school, or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, list name(s) and dates/locations used and circumstances. _____						
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						
Telephone (Home): (____) _____		Cell Phone: (Other): (____) _____				
Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email: _____				
Please indicate 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 _____						
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	Has any denominational credential or state certificate ever been denied, limited, curtailed, suspended, or revoked for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a sheet with details on action(s) taken, date(s) and circumstances)					

Provide complete information on all employment (full time, part-time and temporary), including pastoral positions, for the preceding 10 years or your 5 most recent employers, whichever is greater. Use additional sheets if necessary to provide complete information.

Employment/Pastoral Experience

Name & Address of Organization	From		To		Length of Employment (Yrs/Months)	Name of Supervisor or Ministerial Director	Telephone Number
	Mo	Yr	Mo	Yr			
Job Title	Describe responsibilities:						
Reason for Leaving <input type="checkbox"/> Position Eliminated <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"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend If part-time, how many hours weekly? _____						

Name & Address of Organization	From		To		Length of Employment (Yrs/Months)	Name of Supervisor or Ministerial Director	Telephone Number
	Mo	Yr	Mo	Yr			
Job Title	Describe responsibilities:						
Reason for Leaving <input type="checkbox"/> Position Eliminated <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"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend If part-time, how many hours weekly? _____						

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Job Title	Describe responsibilities:						
Reason for Leaving <input type="checkbox"/> Position Eliminated <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"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend If part-time, how many hours weekly? _____						

Name & Address of Organization	From		To		Length of Employment (Yrs/Months)	Name of Supervisor or Ministerial Director	Telephone Number
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Job Title	Describe responsibilities:						
Reason for Leaving <input type="checkbox"/> Position Eliminated <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"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend If part-time, how many hours weekly? _____						

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Job Title	Describe responsibilities:						
Reason for Leaving <input type="checkbox"/> Position Eliminated <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"/> Other: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Stipend If part-time, how many hours weekly? _____						

Have you ever been terminated, dismissed or counseled to resign by any organization, whether or not listed above?
 Yes No If yes, please provide organization, 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 pastor:

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

Criminal History Information

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.

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.

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

If you answered yes to any of these questions, provide complete information on all criminal offense(s), date(s), location(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, 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)

Conviction of a crime will not be considered an automatic bar to employment with the Conference.

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.

References

Name	Address:	Relationship to You	Years Known
	Telephone:		
Name	Address:	Relationship to You	Years Known
	Telephone:		
Name	Address:	Relationship to You	Years Known
	Telephone		
Name	Address:	Relationship to You	Years Known
	Telephone		
Name	Address:	Relationship to You	Years Known
	Telephone		

Motor Vehicle Record

Please complete this section if the pastoral position for which you may be called would include driving a Conference and/or personal vehicle for work purposes.

Driver's License No. _____ Issuing State: _____ Expiration Date _____

Has your driver's license ever been denied, limited, 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 5 years: _____

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

Verification

I verify that the information provided to the Conference on this form is true, correct, and complete. I understand that false, misleading, incomplete or omitted information on this form will terminate the call process or result in dismissal, if employed by the Conference, regardless of the date of discovery.

I understand that this form is not a call by the Conference. I understand that if I am called by 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.

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 a call to the Conference. I release the Conference, my present and prior employer(s), references, and any other organizations and persons from any and all liability of whatever kind and nature 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 the Conference conducts a consumer report about me under the Fair Credit Reporting Act, I will be provided with separate notification and authorization for that report.

I understand that any call by the Conference is subject to my successful completion of all employment prerequisites, including but not limited to verifying employment and professional references and a criminal record check.

Ministers called to the Conference are employed "at-will" and may cease employment or be dismissed by the Conference at any time without requirement of cause.

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

Pastor's Signature

Date

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		