

**EMPLOYMENT APPLICATION FOR EDUCATIONAL PERSONNEL**  
**ARKANSAS-LOUISIANA CONFERENCE**  
**OFFICE OF EDUCATION**  
**P O BOX 31000**  
**SHREVEPORT, LA 71130**

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL DATA:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Other Contact #: \_\_\_\_\_

Have you used other name(s) in prior employment, school or other circumstances? Yes \_\_\_ No \_\_\_  
 If yes, please provide details: \_\_\_\_\_

Are you a member of the Seventh-day Adventist Church? Yes \_\_\_ No \_\_\_ Number of years, if member \_\_\_

Location/Name of Church \_\_\_\_\_ Pastor\_ \_\_\_\_\_

**JOB PREFERENCE:**

Check job preference for TEACHING \_\_\_\_\_ Elementary \_\_\_\_\_ Secondary  
 ADMINISTRATION \_\_\_\_\_ Elementary \_\_\_\_\_ Secondary

List grade-level ELEMENTARY Grade(s) \_\_\_\_\_

or subject area preference: SECONDARY Subject-area(s) \_\_\_\_\_

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

College or University (City and State)	Curriculum or Major	Degree or Hours Completed

**TEACHING/ADMINISTRATIVE EXPERIENCE:** List in chronological order. Use additional sheet if necessary.

Dates From To	School & Address	Conf or District	Supervisors	Position	Subject/ Grade Taught	Reason for Leaving

**CERTIFICATION:** List the valid denominational teaching certificate(s) held, and indicate the endorsement(s) and the expiration date for each. (Example, Standard Certificate, Elementary Endorsement, Expiration Date: August 1993.) Please attach a photocopy of your certificate(s).

\_\_\_ Basic; \_\_\_ Standard; \_\_\_ Professional; \_\_\_ Administrator; \_\_\_ Designated Subjects; \_\_\_ Conditional  
 Endorsements \_\_\_\_\_ Expiration Dates \_\_\_\_\_ State certificates (which state? \_\_\_\_\_)

Has your denominational or state teaching certificate ever been limited, curtailed, suspended or revoked?  
 Yes \_\_\_ No \_\_\_ (If yes, attach details providing employer, dates, action taken and circumstances.)

\_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated, dismissed or asked to resign from any Seventh-day Adventist denominational position or other employment? Yes \_\_\_ No \_\_\_ (If yes, attach details providing employer, dates, action taken and circumstances.) \_\_\_\_\_

\_\_\_\_\_

Have you ever plead guilty to or been convicted of any criminal offense? Yes \_\_\_ No \_\_\_ (If yes, details providing dates, circumstances and disposition). Criminal convictions are not an automatic bar to consideration for employment. You may be asked to authorize verification of any criminal record. Your signature on this document authorizes this employing organization to complete a background check upon yourself. \_\_\_\_\_

\_\_\_\_\_

Are you currently serving probation for any criminal conviction? Yes \_\_\_ No \_\_\_ (If yes, attach details.)

**REFERENCES:** List below at least four persons other than relatives who can provide both character and employment references. (Please use an additional page if necessary to include all the requested information.)

Name	Position	Address	Zip	Phone

**VERIFICATION OF APPLICATION INFORMATION**

I hereby certify that all 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 the employing organization, as well as from using such information in considering my employment application. I am a member in good and regular standing of the Seventh-day Adventist Church, and abide by its teachings. I understand that if I receive a conditional employment offer, I may be asked to take a job-related medical examination with a physician selected by the employing organization. The results of this examination will be communicated to the employing organization and considered in evaluating my application. If I refuse to take such a medical examination, I understand that I will be disqualified from employment. I understand that no one other than the conference superintendent of schools or his/her designee is authorized to enter into any employment agreement for any specific time period, or to make any agreement contrary to the foregoing.

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