PACIFIC PRESS[®] PUBLISHING ASSOCIATION

P.O. BOX 5353, Nampa, Idaho 83653 Telephone (208) 465-2567

Pacific Press[®] Publishing Association is an institution of the General Conference of Seventh-day Adventists. As a church owned organization and because of its special mission, it may, by law, apply the test of religious qualifications to its employment policies. Those who meet this requirement and are otherwise qualified are eligible to be hired, promoted, and transferred without regard to their race, national origin, gender, color, age, disability, familial status or genetic predisposition.

(PLEASE PRINT)	Date of Application										
	r										
	Last	First		Middle							
Address	Street	City		State	Zip Code						
Telephone ()		E-mail									
Cell Phone ()										
Are you a member of	a Seventh-day Advent	ist Church?	Yes	🔲 No							
If yes, where?	re? Name of Pastor										
Pastor's E-mail	nail Pastor's Phone #										
Federal law requires a person working with machinery to be at least 18 years old.											
Are you under 18?	🗋 Yes 🔲 No										
Have you filed an app	olication here before?	🗋 Yes	🗋 No	If Yes, give date _							
Have you ever been	employed here before?	🗋 Yes	🗋 No	If Yes, give date _							
Are you employed no	w? 🗋 Yes	🗋 No									
May we contact your	present or former empl	oyer(s)?	🗋 Yes	🗋 No							
Are you legally eligible	e for employment in the	🗋 Yes	🔄 No								
(Proof of citizenship or immigration status will be required upon employment.)											
On what date would you be available to work?											
Are you available to v	work 🔲 Full time	Part-tin	ne	Temporary	☐ Shift Work						

List experiences, skills, or qualifications that you have which would fit you to work at Pacific Press®

List professional, trade, business or civic activities and offices held. Feel free to leave out any association names that reveal age, race, national origin, disability, etc.

List all immediate family members employed at Pacific Press[®].

Name	Depart	ment	Relationship
Name	Depart	ment	Relationship
Name	Depart	ment	Relationship
Give three work r	elated references who are not	related to you.	
Name	Address	E-mail	Telephone
Name	Address	E-mail	Telephone
Name	Address	E-mail	Telephone

EMPLOYMENT EXPERIENCE

Start with your present or last job. Indicate military service assignments and volunteer activities. (You may exclude organization names, which indicate race, color, sex, or national origin.)

1	Employer	Telephone	Dates E		Work Performed			
		()	From	То				
	Address							
	Job Title							
	Supervisor							
	Reason for Leaving							
~	· ·							
2	Employer	Telephone	Dates E		Work Performed			
		()	From	То				
	Address							
	Job Title							
	Supervisor							
	Reason for Leaving							
~								
3	Employer	Telephone	Dates E		Work Performed			
		()	From	То				
	Address							
	Job Title							
	Supervisor							
	Reason for Leaving							
		- - - -						
4	Employer	Telephone	Dates E		Work Performed			
		()	From	То				
	Address							
	Job Title							
	Supervisor							
	Reason for Leaving							
-		Talanhar -			Maula Daufa			
5	Employer	Telephone	Dates E		Work Performed			
		()	From	То				
	Address							
	Job Title							
	Supervisor							
	Reason for Leaving							
	L							

If you need additional space, please continue on a separate sheet of paper.

EDUCATION

	Elementary			High School			University College			Graduate Professional							
School Name																	
Years Completed: (Circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study:																	
Describe specialized training, apprenticeship, skills and extra-curricular activities:																	

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize and consent to the use of multiple ways to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision including the internet. I understand that this application is not intended to be a contract of employment. Further, I understand and agree that if employed by Pacific Press[®], my employment is at will for no definite period and may, regardless of the day of payment of my wages and salary, be terminated at any time without any previous notice.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Pacific Press[®] Publishing Association.

Subsequent to an offer of employment, all individuals who will be assigned the duties that require lifting or other strenuous physical activity may be subject to medical clearance for fitness to do the work assigned prior to commencement of employment.

Signature of Applicant _

_____ Date _

Prospective employee applications will be kept on file in the Pacific Press[®] Publishing Association Offices for a period of one year from date of application.