

Statement of Authorization and Understanding
with the
Oregon Conference of Seventh-day Adventists
and the
Oregon Conference Office of Education

WAIVER RELEASE FORM

Thank you for your interest regarding employment in the Oregon Conference. To further the process, would you please read the following statements and return a signed copy to the Office of Education or designee.

Please **initial each statement below** and return a signed copy to the Vice-President for Education or his/her designee.

_____ I hereby authorize previous employers, personal references or any other person or persons to whom the Oregon Conference may refer to give all information regarding my employment or scholastic standing together with any other information, personal or otherwise, that may or may not be on their records. I release those individuals and organizations from any damages as a result of furnishing the information requested.

_____ I understand that if employed I must complete an I-9 Form and a criminal background clearance.

_____ I understand that if employed, my employment will be governed by a signed contract with the Oregon Conference of Seventh-day Adventist system of education.

_____ All contracts include conditions of employment pertaining to certification, professional preparation, church membership, and tithing as set forth in the North Pacific Union Conference.

_____ The review and processing of my resume, application form and supportive information will not create an expressed or implied contract of employment.

_____ I do not wish to sign off on this waiver at this time, please contact me.

Candidate's Name (Print)

Date of Birth

Candidate's Signature

(SSN#)

Date of Signature