

Locally Funded Staff – New Hire Request Form

New Employee Name: _____

Proposed Job Title: _____

Name of School or Church: _____

New Position

Replacement for: _____
(name of terminating employee)

Regular Position -OR- Temporary Position: _____
(Length of assignment)

Rate of Pay (most positions must be hourly): _____

Proposed Start Date: _____
(all hiring paperwork, including I-9 and Background Check Authorization must be completed **before** starting work)

Does new employee work at any other Oregon Conference entity? _____

*Employee may be eligible for benefits if regularly working a **total** of 20+ hrs/wk at various Oregon Conference entities. In this case, entities would share benefit costs based on the hours worked at each location. Please contact the Conference Human Resources office with questions.*

Is the proposed new employee a member of the Seventh-day Adventist church? Yes No

If proposed employee is not a member, was position advertised within the local church/school to attempt to find a qualified SDA member to apply? Contact the Conference Human Resources office if you have any questions. Yes No

Have at least three references been contacted? Yes No

Proposed Work Schedule:

Full-time (38+ hours per week)

Part-time, High Hours (30-36 hours per week*)

Number of proposed hours per week _____

Part-time, Low Hours (20-28 hours per week*)

Less than Part-time (must be fewer than 20 hours per week)

Number of proposed hours per week _____

Number of proposed hours per week _____

Other (explain): _____

**Eligibility for certain benefits begins when an employee regularly works 20 hrs/wk, and employees regularly working 30 hrs/wk are eligible for coverage under the Conference health plan. These employer costs will be passed on to the locally funding entity. Please contact the Human Resources office for more information regarding benefit costs.*

Job description given to new employee with hiring paperwork? Yes No

Job Overview: _____

Responsibilities: _____

Skills Required: _____

Education Required: _____

Physical Requirements (e.g. lifting, bending, pushing, kneeling, etc.): _____

Printed Name of Preparer: _____ Date: _____

****This request for a new hire will be reviewed by the Conference for compliance with hiring policies and local/federal law. You will be notified if changes are needed, or of approval for hire upon submission of employment paperwork and passing a Background Check.**

**Is your new employee a minor,
under the age of 18?**

STOP

Please contact the Human Resources office before proceeding.

You may need a state certificate to employ minors or your location may not be an approved location to employ minors with the state employment department.

Please call Human Resources at: 503-850-3510

**DIRECT DEPOSIT PAYROLL
AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS**

Employee Name: _____ Social Security No: _____

I hereby authorize the Oregon Conference of Seventh-day Adventist to initiate credit entries to my checking or savings account indicated below, and the depository named below to credit the same to such account.

Account #1: Account Type (check one): Checking Savings

Employee Bank Name: _____

Bank Routing Number (ABA#): _____

Account #: _____

Percentage or dollar amount to be deposit to this account: _____

Account #2: Account Type (check one): Checking Savings

Employee Bank Name: _____

Bank Routing Number (ABA#): _____

Account #: _____

Percentage or dollar amount to be deposit to this account: _____

I wish to receive my pay stubs by (choose one): Email Mail

If you elect to receive your pay stubs by email, please write *legibly* the email you wish to use:

Email: _____

Please attach a voided check for each account here.

This authority is to remain in full force and effect until Oregon Conference of Seventh-day Adventists has received written notification from me of its termination in such time and in such manner as to afford Oregon Conference of Seventh-day Adventists a reasonable opportunity to act on it.

Signature

Date

Fax to: Attn: Payroll department @ 503-850-3415 or email to payroll@oc.npuc.org

Mail to: Oregon Conference Attn: Payroll Department, 19800 Oatfield Road Gladstone, OR 97027

Equal Employment Opportunity Reporting

The Oregon Conference is an equal opportunity employer. We do not discriminate on the basis of race, color, gender, age, national origin, disability or veteran status. In compliance with our obligation to complete the government-required EEO-1 Report, we invite you to voluntarily self-identify your ethnicity and/or race below. When reported, data will not identify any specific individuals. **Completion of this data is voluntary and will not affect the terms or conditions of employment. This data will be kept in confidential.**

Employee Name: _____

Gender: Male Female

Please select the category with which you most closely identify yourself. Mark only one box.

The categories below are designed to identify your basic racial and national origin category and do not denote scientific definitions of anthropological origins.

- American Indian or Alaska Native (Not Hispanic or Latino) — *a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*
- Asian (Not Hispanic or Latino) — *a person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- Black or African American (Not Hispanic or Latino) — *a person having origins in any of the black racial groups of Africa.*
- Hispanic or Latino — *a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) — *a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- White (Not Hispanic or Latino) — *a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- Two or More Races (Not Hispanic or Latino) — *all persons who identify with more than one of the above five races.*
- I do not wish to disclose

Employee Paid Sick Leave Notification – Oregon Employees

Employees working in Oregon are entitled to accrue paid sick leave upon your hire date. This sick leave will accrue at 1.542 hours for every 40 hours you work.

Reasons employees may use accrued paid sick leave:

- To care for the employee or the employee's family member with a mental or physical illness, injury, or health condition, need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition, or need for preventive medical care;
- To care for an infant or newly adopted child under 18 years of age, or for a newly placed foster child under 18 years of age, or for an adopted or foster child older than 18 years of age if the child is incapable of self-care because of a mental or physical disability, completed within 12 months after birth or placement of the child;
- To recover from or seek treatment for a health condition of the employee that renders the employee unable to perform at least one of the essential functions of the employee's regular position;
- Absences associated with the death of a family member by attending the funeral or alternative to a funeral of the family member, making arrangements necessitated by the death of the family member, or grieving the death of the family member;
- Absences related to domestic violence, harassment, sexual assault or stalking;
- In the event of a public health emergency, including but not limited to: Closure of the employee's place of business, or the school or place of care of the employee's child, by order of a public official due to a public health emergency; a determination by a lawful public health authority or a health care provider that the presence of the employee or the family member of the employee in the community would jeopardize the health of others; or the exclusion of the employee from workplace under any law or rule that requires the employer to exclude the employee from the workplace for health reasons.

Eligible family members to use sick leave for:

Covered family members include the employee's spouse, biological child, adopted child, stepchild, foster child, parent, adoptive parent, stepparent, foster parent, parent-in-law, grandparent, grandchild, and any individual with whom an employee has or had an in loco parentis relationship.

Accrued, unused paid sick leave balances will be carried over from one year to the next up to a maximum of:

- 76 hours in your Short-term sick leave bank, and
- 1,000 hours in your Extended sick leave bank

You may access both banks without a waiting period. Unused sick leave may not be transferred to vacation banks or cashed out upon termination of employment.

Retaliation against you by the Oregon Conference or its local entities for inquiring about or using paid sick leave for authorized purposes is prohibited. It is unlawful to deny, interfere with, restrain or fail to pay for sick time to which an employee is entitled. Complaints may be filed with the Bureau of Labor and Industries.

Employee Signature

Date

Student Employment Application



Oregon Conference of Seventh-day Adventists

19800 Oatfield Road Gladstone, OR (503) 850-3500

The Oregon Conference of Seventh-day Adventists ("Oregon Conference") is an equal opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, sex (including pregnancy, childbirth, and other pregnancy-related conditions), age, national origin, marital status, physical or mental disability, or other protected categories under Oregon laws, regulations or local ordinances. The Oregon Conference prohibits any form of workplace harassment, misconduct or abuse. The Oregon Conference hires Seventh-day Adventist Church members in good standing based on religious preferences permitted by the United States Constitution and controlling law. Please complete all questions on this application form.

Personal

Last Name		First		Middle		Date
Address		City	State	Zip Code	Phone	E-Mail Address
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position(s) applying for _____ Hiring School Name _____ Expected Graduation Date _____				
As a student, please indicate which church you attend: Church _____ Pastor's Name _____						

Applicant's Verification - Read carefully before signing

I certify that the information on this application and any resumes or other attachments is true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application or in resumes, attachments or interviews will make me ineligible for employment or subject to discharge from employment, whenever discovered.

I understand that this employment application is not an offer of employment or a contract between the Oregon Conference and me. I understand and acknowledge that employment with the Conference is based on mutual consent, and that if hired, I will be an at-will employee. Either the Conference or I may cease the employment relationship at any time without prior notice or requirement of cause. I understand that no unauthorized representative may enter into any agreement for other than at-will employment.

I understand that, if employed, I will be required to complete a federal I-9 Form and provide documents verifying my identity and right to work in the United States, before I start work.

I authorize the Oregon Conference to confirm the information supplied on this application and any curriculum vitae or résumé and to investigate my suitability for employment. I agree to furnish additional information if requested by the Oregon Conference. I release all parties and persons from any claims, liabilities and damages that may result from requesting or furnishing information about me to the Oregon Conference and from the Oregon Conference using such information in considering my employment application. I understand that this authorization does not include a consumer report under the federal Fair Credit Reporting Act. If the Conference conducts a consumer report about me under the federal Fair Credit Reporting Act, I understand that I will receive a separate notice and authorization.

If employed, I understand that I must comply with all policies, rules and procedures of the Oregon Conference.

Applicant's Signature

Date