

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

Employment Information Verification Form

Full Legal Name: _____
(Please Print Clearly)

Any Other Names Used (e.g. maiden name): _____

Physical Address: _____ **City** _____ **State** _____ **Zip** _____

Date of Birth: _____ **Social Security Number:** _____

There is no time limit to the questions regarding criminal history. Unless a time limit is stated in a question, 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.

- 1. Have you ever pled guilty to any criminal offense (misdemeanor or felony)?** Yes No
- 2. Have you ever pled nolo contendere (no contest) to any criminal offense (misdemeanor or felony)?** Yes No
- 3. 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), locations(s) (city/county and state) and disposition: _____

(use additional sheets if necessary)

- 4. 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 except where Oregon law prohibits employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.

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

I understand that this document is not an offer of employment or a contract between the Oregon Conference of Seventh-day Adventists, any local church or school, and me. I understand and acknowledge that my status, if I am hired, will be that of an at-will employee, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. I understand that no unauthorized representative may enter into any agreement for employment or make any agreement contrary to the foregoing.

I authorize investigation of all statements contained in this form and my application for employment as may be necessary in making employment decisions, and for obtaining criminal **background check** information. If hired, I understand that criminal background checks may be done periodically during my employment, and I authorize such checks. I agree that my prior employer(s) and current employer may be contacted for the purpose of investigating my background, and I understand that information regarding my prior and current employment(s) may be used in considering my employment status.

Applicant's Signature

Date

If a minor:

Parent/Guardian's Signature

Date

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 – Washington Employees

Employees working in Washington are entitled to accrue paid sick leave beginning January 1, 2018 or upon your hire date after January 1. This leave will accrue at 1.542 hours for every 40 hours you work.

Reasons employees may use accrued paid sick leave:

- An absence resulting from an employee's mental or physical illness, injury, or health condition; to accommodate the employee's need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or an employee's need for preventive medical care;
- To allow the employee to provide care for a family member with a mental or physical illness, injury, or health condition; care of a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or care for a family member who needs preventive medical care;
- When the employee's place of business has been closed by order of a public official for any health-related reason, or when an employee's child's school or place of care has been closed for such a reason; and
- For absences that qualify for leave under the state's Domestic Violence Leave Act (sexual assault, domestic violence, or stalking).

Eligible family members to use sick leave for:

- Spouse
- Child (includes biological, adopted, foster, step, legal guardian, de facto parent of, regardless of age or dependency)
- Grandparent
- Grandchild
- Sibling
- A biological, adoptive, de facto, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse, or a person who stood in loco parentis when the employee was a minor child

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 paid leave or cashed out upon termination of employment.

Retaliation against you by the Oregon Conference or its local entities for using paid sick leave for authorized purposes, or for the exercise of any rights under the Minimum Wage Act (chapter 49.46 RCW), is prohibited.

Employee Signature

Date



PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer.

Email: teensafety@lni.wa.gov OR web page: www.TeenWorkers.Lni.wa.gov

THIS IS NOT A MINOR WORK PERMIT

Employers must obtain a minor work permit endorsement on their Master Business License for each workplace with employees under age 18. Minor work permit endorsements must be renewed each year. Go to www.DoL.wa.gov/forms/700028.htm

PLEASE NOTE: This form is to be kept on file by the employer at the minor's workplace and be available for departmental audit. Additionally, the employer must renew this parent/school authorization by September 30 of each year.

(This section to be completed by the employer and minor employee.)			COMPLETE ALL SECTIONS IN FULL.		
Name of minor:			Name of minor's school: (If home schooled, please note)		
Minor's address:			School's address:		
City	State	ZIP	City	State	ZIP
Minor's Birth Date			Date	Signature of MINOR EMPLOYEE:	
(Must be accompanied by proof) Month Day Year					
Wage <i>per hour</i> to be paid: \$	Number of <i>working days per week</i> :	Is minor employed at any other job? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answered as "yes", list total hours worked <i>per week</i> at other job:	
Max. hours to be worked <i>per day</i> during school year: Monday - Thursday _____ Friday - Sunday _____ Max. hours to be worked <i>per day</i> during non-school year: Monday - Sunday _____			Max. hours to be worked <i>per week</i> during school year: Weekly max: _____ Max. hours to be worked <i>per week</i> during non-school year: Weekly max: _____		
<i>Earliest</i> start time during school year Monday-Sunday am-pm: _____			<i>Latest</i> quit time during school year Sun- Thursday am-pm: _____ Friday - Saturday am-pm: _____		
<i>Earliest</i> start time during non-school year Monday-Sunday am-pm: _____			<i>Latest</i> quit time during non-school year Monday -Sunday am-pm: _____		

The minor will have the following job duties:

Name of firm		Telephone number
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Location address of *minor's* workplace:

City	State	ZIP
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UBI number for *this* business location:

9-Digit UBI Number for business location			3-Digit business ID	4-Digit Location ID	Expiration date of minor work permit endorsement:
				Month	Day
				Year	
Date	Title	Signature of EMPLOYER or REPRESENTATIVE			

PARENTAL AUTHORIZATION

(These sections to be completed by the minor's parent or legal guardian and school after employer completes top portion.)

I CONSENT TO ALLOW THE MINOR LISTED TO BE EMPLOYED AT THE OCCUPATION AND UNDER THE CONDITIONS STATED ABOVE		
Date	Telephone Number	Signature of PARENT or LEGAL GUARDIAN
Address of parent or legal guardian		
City	State	ZIP

Note: The school may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or requested by the employer or parent.

SCHOOL AUTHORIZATION (when school is in session)

THE STATED HOURS OF EMPLOYMENT MEET THE REQUIREMENTS OF SCHOOL ATTENDANCE REGULATIONS AND ARE HEREBY APPROVED.			
Date	Telephone Number	Title:	Signature of SCHOOL AUTHORITY

General Information on Hours of Work Allowed For Minors

Hours and Schedules Minors are Permitted to Work in Non-agricultural Jobs					
	Hours a Day	Hours a Week	Days a Week	Begin	Quit
14- and 15-year-olds					
School weeks	3 hours (8 hours Sat. - Sun.)	16 hours	6 days	7 a.m.	7 p.m.
Non-school weeks	8 hours	40 hours	6 days	7 a.m.	7 p.m. (9 p.m. June 1 to Labor Day)
16- and 17-year-olds					
School Weeks	4 hours (8 hours Fri. - Sun.)	20 hours	6 days	7 a.m.	10 p.m. (Midnight Fri. - Sat.)
School weeks with a special variance from school	6 hours (8 hours Fri. - Sun.)	28 hours	6 days	7 a.m.	10 p.m. (Midnight Fri. - Sat.)
Non-school weeks	8 hours	48 hours	6 days	5 a.m.	Midnight
<ul style="list-style-type: none"> ▪ An adult must supervise minors working after 8 p.m. in service occupations, such as restaurants and retail businesses. ▪ Overtime rules apply for all hours worked over 40 in one week. ▪ These rules also apply to home-schooled teens. 					

Hours and Schedules Minors are Permitted to Work in Agricultural Jobs					
	Hours a Day	Hours a Week	Days a Week	Begin	Quit
12- and 13-year-olds					
Non-school weeks	8 hours	40 hours	6 days	5 a.m.	9 p.m.
Note: 12- and 13-year-olds are allowed to work only during non-school weeks hand-harvesting berries, bulbs, cucumbers and spinach.					
14- and 15-year-olds					
School weeks	3 hours 8 hours Non-school days	21 hours	6 days	7 a.m. (6 a.m. in animal agriculture and irrigation)	8 p.m.
Non-school weeks	8 hours	40 hours	6 days	5 a.m.	9 p.m.
* Exception: 14- and 15-year-olds are allowed to work 7 days a week in dairy, livestock, hay harvest and irrigation during school and non-school weeks.					
16- and 17-year-olds					
School weeks	4 hours 8 hours Non-school days	28 hours	6 days	5 a.m.	10 p.m. (No later than 9 p.m. on more than 2 consecutive nights before a school day.)
Non-school weeks	10 hours	50 hours (60 hours per week in mechanical harvest of peas, wheat and hay)	6 days	5 a.m.	10 p.m.
* Exception: 16- and 17-year-olds are allowed to work 7 days a week in dairy, livestock, hay harvest and irrigation during school and non-school weeks.					

PARENTS: To obtain a copy of the prohibited duties and other child labor provisions, you may contact L&I's central office through the various options listed on the front side of this form, or call your local L&I office listed in the government pages of the telephone book.



Optional Special Variance Authorization (Non-agricultural Employment Only) For Participating Schools*

A Special Variance allows a 16- or 17-year old minor to work up to 28 hours per week with 6-hour shifts during the school week **with approval of the authorized school official and the parent.** This authorization must be signed by the employer, the minor, the minor's authorized school official [pursuant to WAC 296-125-070(3)], and the minor's parent or legal guardian.

School officials should not sign the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's academic education. Please note that the employer must renew this form each year.

Date:	Title:	Signature of EMPLOYER or REPRESENTATIVE: ➔
Date:		Signature of MINOR EMPLOYEE: ➔
Date:	Title:	Signature of SCHOOL AUTHORITY: ➔
Date:		Signature of PARENT or LEGAL GUARDIAN: ➔

* Schools interested in using this 28-Hour Special Variance process must first enroll in the program by contacting the Department of Labor and Industries at the office listed on the front of this form.

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