

La Vida Mission, Inc.
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Application for Employment or Volunteer Position

PERSONAL AND BACKGROUND DATA

Each question should be fully and accurately answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature.

Date: _____ Position Applied For: _____

Personal and Background Data

Full Name: _____ Social Security #: _____

Gender: _____ Place of Birth: _____

Phone: Home: _____ Cell: _____ Other: _____

E-mail address: _____

Street Address: _____ P.O Box: _____

City: _____ State: _____ Country _____

Postal Code: _____ Web page/URL: _____

Marital Status: _____ If married, give spouse's name: _____

Spouse's Birthdate: ___/___/___; Place of Birth: _____

Can your spouse be available to do any volunteer work while you're here? Yes No

Children's names, ages, and grades: _____

Christian Background

How long have you known Christ as Lord and Savior? _____

Are you a member of the Seventh-day Adventist Church? YES NO

In which capacities do you serve in your church? Current positions

- _____
- _____
- _____
- _____

Positions held in the past

- _____
- _____
- _____
- _____

Name & Location of Church Membership: _____

Pastor's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip _____

CHRISTIAN EXPERIENCE AND BELIEFS

What is your definition of a Christian? _____

Give a brief account of your Christian conversion and experience:

What are your views about the authority and historical accuracy of the Bible?

What is your motive in seeking this position?

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or other experiences.

- _____
- _____
- _____

Date you would be available to start: _____

Have you used other name(s) in prior employment, school, or circumstances?

YES NO If yes please provide details:

Do you speak, read, or write any languages other than English? YES NO

Please specify: _____

Have you ever been terminated, dismissed, or asked to resign from any Seventh-day Adventist denominational position or other employment? YES NO (If yes, give details providing employer, dates, action, taken, and circumstances. Use back for more room.)

Have you ever pled guilty to or been convicted of any criminal offense? YES NO (If yes, give details providing dates, circumstances, and disposition. Use back for more room.) You may be asked to authorize verification of any criminal record.

Are you currently serving probation for any criminal conviction? YES NO (If yes, details. Use back for more room.)

Have you had any illness or injury which might affect your work? YES NO (If yes, give details. Use back for more room)

References:

Please list the names, phone numbers and addresses of at least 3 references we can contact. We need to contact former employers, pastor(s), etc. If you do not want us to contact your present employer, please note that on employment page.

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone Home: _____
Address: _____ City _____ State: ____ Zip Code: _____
Relationship: _____

Name: _____ Phone Home: _____
Address: _____ City _____ State: ____ Zip Code: _____
Relationship: _____

Employment Experience

Please list your work experience for the past TEN years. Start with your present or last job. Include military service assignments and volunteer activities. Use back of sheet, if necessary. Explain any lapse in dates.

Date Employed From: _____ To: _____

Employer: _____

Street Address: _____ P.O Box: _____

City, State, Zip: Bogota, Colombia

Phone number(including area code): _____

Job Title: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

Starting Hourly Rate/Salary: \$_____ ; Ending \$_____

Date Employed From: _____ To: _____

Employer: _____

Street Address: _____ P.O Box: _____

City, State, Zip: _____

Phone number (including area code): _____

Job Title: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

Starting Hourly Rate/Salary: \$_____ ; Ending \$_____

Date Employed From: _____ To: _____

Employer: _____

Street Address: _____ P.O Box: _____

City, State, Zip: _____

Phone number(including area code): _____

Education:

Please enter the School's Name, City, and State

Elementary School _____

Years Completed: _____

High School: _____

Years Completed: _____

College/University: _____

Years Completed: _____ Diploma/Degree: _____

Comments on Course of Studies: _____

Graduate/Professional: _____

Years Completed _____ Diploma/Degree: _____

Comments on Course of Studies: _____

Post Graduate/Professional: _____

Years Completed _____ Diploma/Degree: _____

Comments on Course of Studies: _____

Comments on Specialized Training, Apprenticeship, Skills, and Extra Curricular Activities:

VERTIFICATION OF APPLICATION INFORMATION

I hereby certify that all of the information on this 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 in 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 to investigate my suitability for my employment. I authorize a background check to be performed and any information gathered will be communicated to me and will be considered in the decision-making process. 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 and furnishing information about me to the employing organization, as well as from using such information in considering my employment. I am a member in good and regular standing of the Seventh-day Adventist church and abide by its teaching. 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 La Vida Missions, Inc. 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 if employed, I must complete a I-9 form and provide satisfactory proof of my identity and legal authority to work in the United States. If employed, I agree to conform to the policies and standards of La Vida Missions, Inc. and the Seventh-day Adventist Church. I understand that no one other than La Vida Mission Employment Board and their designee is authorized to enter any agreement contrary to the foregoing.

- 1) I understand that La Vida Mission campus encourages vegetarianism and I agree to abide by this rule.
- 2) I agree that if hired I will have no caffeine, alcohol, or non-prescription regulated drugs while living on campus.
- 3) If I have school age children living with me, they will attend La Vida Mission School.

Additional Verification for Volunteers

I understand that this application or subsequent volunteer service does not create a contract of employment nor guarantee volunteer service for any definite period of time. As a willful volunteer, I understand that I will not receive compensation for my service, other than intangible religious benefits, and understand that my volunteer work at La Vida Mission may be terminated at any time, with or without cause and with or without notice. I also understand La Vida Missions, Inc. or any individual liable for any injuries that may be sustained while visiting, residing on La Vida Mission campus or working as a volunteer for La Vida Missions, Inc.

I have read, understand and by my signature, consent to these statements.

Signature of Applicant

Date

La Vida Missions, Inc.
MEDICAL QUESTIONNAIRE

This questionnaire is intended to be used to identify conditions or impairment which may be registered with the Subsequent Injury Fund. The questionnaire may also be used to identify the worker's physical ability to perform the job he/she had been conditionally hired for.

Full Name: _____ Social Security #: _____

Date of Birth: _____ Gender: _____ Place of Birth: _____

Phone: _____ E-mail address: _____

Street Address: _____ City _____ State _____

Have you ever suffered a work-related injury? YES NO (Please Circle)

Have you ever filed for or received Workers' Compensation benefits? YES NO

If so, list dates and describe: _____

Have you ever suffered an illness or injury other than at work where you were off work or had to limit your activities for more than one week? YES NO

If so, list dates and describe: _____

Have you ever been in an automobile accident? YES NO

If so, list dates and describe: _____

List your family Physician: _____

Please circle any of the following activities for which you have, or have had, a restriction:

Lifting Crawling Standing Sitting Squatting Bending Carrying Climbing Walking

Give a brief description of any circled: _____

FALSE STATEMENTS OR REPRESENTATIONS MADE ON THIS QUESTIONNAIRE MAY CAUSE FOREFEITURE OF WORKERS COMPENSATION BENEFITS UNDER THE PROVISIONS OF 52-1-28.3 OF THE 1991 WORKERS KNOWINGLY AND WILLFULLY CONCEALED INFORMATION OR MADE A FALSE REPRESENTATION OF HIS/HER MEDICAL CONDITION.

The information listed above is true and correct to the best of my knowledge and I have understood all of the questions listed above.

(Please make sure all the questionnaire is filled out completely before signing.)

Employee Signature

Employer Signature

Date: _____

Date: _____