

Epworth Children's Home

Application for Employment

Please Read Before Filling-Out This Application

Epworth Children's Home does not discriminate in hiring or employment on the basis of race, color, sex, religion, national origin, disability, veteran status or on the basis of age with regard to people over forty, (40). No question on this application is intended to secure information to be used for such discrimination.

This application will receive active consideration for thirty (30) days. If you have not heard from us within thirty (30) days and wish to receive further consideration for employment, it may be necessary to update this form or complete another application.

Employment Application

Personal Information

Full Name: _____ Social Security No.: _____
Last First M.I.

Present Street Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Length of time at this address: _____

Former Street Address: _____
Street Address Apartment/Unit #

City State ZIP Code

From: _____ To: _____

Former Street Address: _____
Street Address Apartment/Unit #

City State ZIP Code

From: _____ To: _____

Are you now eighteen (18) years of age or older? YES NO If no, give date of birth: _____

Do you have the legal right to work in the United States? YES NO Can you provide the necessary documentation to establish your legal right to work prior to commencement of employment? YES NO

EMPLOYMENT DESIRED

FULL TIME

PART TIME

TEMPORARY

Position Applied for: _____

How soon can you report to work? _____

Rate of pay or salary required: _____

What days and hours if part time? _____

Days: **Monday thru Monday** Hours: **1:00 am To 1:00 am**

Have you applied for a job with us before? YES NO

Have you ever worked for us before? YES NO

If yes, when? _____

How did you come to apply? Newspaper Ad Walk-in Employee Referral By: _____ Former Employee

Have you ever been convicted of a crime except a minor traffic violation? YES NO

If yes, state situation, date, court, and place where offense occurred.
(The existence of a criminal record does not constitute an automatic bar to employment.)

Do you currently use illegal drugs or do you currently have an alcohol or drug abuse problem? YES NO

If yes, describe: _____

Are you currently employed? YES NO May we contact your current employer? YES NO

Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential materials)? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three personal or professional references.

Full Name: _____ Years Acquainted _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Years Acquainted _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Years Acquainted _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:
(This will not constitute an automatic bar to employment.)

Disclaimer and Signature
PLEASE READ CAREFULLY BEFORE SIGNING

All information contained in this application is true to the best of my knowledge and belief. I authorize investigation of all statements and related information contained in this application unless herein specifically stated otherwise. This investigation will include a Central Registry check by the S.C. Department of Social Services, Division of CPPS, and a criminal records check by the S.C. Law Enforcement Division. I agree that any false statements or answers on this application or any misleading or incorrect statements, misrepresentations or omission of facts made by me may render this application void and will be sufficient grounds for termination of my employment.

I understand that employment may be conditional upon my passing an alcohol/drug screen. I agree to submit to an alcohol/drug screening test prior to employment and, if employed from time to time during the course of my employment and, if employed, from time to time, during the course of my employment whenever requested by Epworth Children's Home.

If employed, I understand that my employment is for no definite period and that I am an at-will employee. This means that if employed, I have the right to terminate my employment at any time, with or without cause or notice, and Epworth Children's Home has the right to terminate my employment at any time with or without cause or notice.

I also understand that any oral statements by employees, staff or representatives of Epworth Children's Home, or documents of any type, including written personnel policies or guidelines, either now in effect or to be issued at any later time, are not contracts of employment or any other type of contract.

Signature: _____ Date: _____