



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, national origin, religion, 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: _____

Present
Street
Address:

City State Zip Code

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

Former
Street
Address:

City State Zip Code

From: _____ To: _____

Previous
Street
Address:

City State Zip Code

From: _____ To: _____

Are you now eighteen (18) years 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 PRN

Position Applied for: _____

How soon can you report to work? _____ Rate of Pay or Requested Salary: _____

Have you applied with us before? Yes No Have you ever worked for us before? Yes No

If yes, when? _____

Have you ever been convicted of a crime except a minor traffic violation? If yes, state situation, date, court, and place where offense occurred. Yes No

Do you have relatives or one whose relationship with you is similar to that of persons who are related by blood or marriage currently working for us? Yes No

If yes, please list name(s) and relationship below

(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 _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

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

REFERENCES

Full Name: _____ Years Acquainted: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Years Acquainted: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Years Acquainted: _____

Company: _____ Phone: _____

Address: _____

DISCLAIMER AND SIGNATURE

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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 SC Department of Social Services, Division of CPPS, and a criminal records check by the SC 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 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 whenever requested by Epworth Children's Home.

If employed, I understand that my employment period 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 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:** _____

VOLUNTARY INFORMATION

The information in this section is voluntary. Information is requested for statistical record keeping purposes only and will be permanently separated from the rest of your application.

Name:	Maiden
Date of Birth:	
Ethnicity:	Sex:

*How did you come to apply?

- Walk-in Employee Referral _____
- Newspaper Ad
- Epworth Website Other _____
- Former Employee

*Required