



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 based on race, color, sex, national origin, religion, disability, age, gender identity, sexual orientation, pregnancy, or genetic information. 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 address: _____

Former Street Address: _____

City: _____ State: _____ Zip Code: _____

Have you lived or worked outside of South Carolina in the last five (5) years?

Yes No

If yes, list the states where you lived or worked: _____

Have you worked with children/adolescents (ex. Employment, volunteer, babysitting)?

Yes No

If yes, how many years of experience? _____

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? _____ Hourly Rate/Salary Expectation: _____

Have you applied with us before? Yes No

Have you worked for us before? Yes No

If yes, when? _____

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

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

Have you ever been convicted, pled guilty or pled not contest to 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, please explain: _____

Education

Have you graduated high school or obtained your GED? Yes No

Highest Level of education completed: _____

School: _____ Location: _____

Years attended: _____ to _____

Degree Earned: _____

Employment History

Company: _____ Job Title: _____
Address: _____ Supervisor: _____
City/State/Zip: _____
Phone: _____
Employed from: _____ to _____
Reason for leaving: _____

Company: _____ Job Title: _____
Address: _____ Supervisor: _____
City/State/Zip: _____
Phone: _____
Employed from: _____ to _____
Reason for leaving: _____

Company: _____ Job Title: _____
Address: _____ Supervisor: _____
City/State/Zip: _____
Phone: _____
Employed from: _____ to _____
Reason for leaving: _____

Professional References

Full Name: _____ Years Known: _____
Company: _____ Job Title: _____
Phone: _____ Email: _____

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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 omissions 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: _____

First

M. Initial

Last

Maiden

Race (check one):

- White
- Black
- Hispanic or Latino
- American Indian or Alaskan Native
- Asian
- Pacific Islander or Hawaiian
- Two (2) or more races
- Prefer not to answer

Sex (check one):

- Female
- Male
- Other than listed
- Prefer not to answer

Veteran Status (check one):

- Yes
- No

How did you come to apply (check one)?:

- Walk-in
- Job Board (i.e. Indeed, Handshake)
- Epworth Website
- Facebook
- LinkedIn
- Former Employee
- Employee Referral If so, who referred you: _____
- Other _____

Thank you for completing the Voluntary Information section.