

APPLICATION FOR EMPLOYMENT



Please read before filling out this application.

Presbyterian Communities of South Carolina (PCSC) does not discriminate in hiring or employment on the basis of race, color, sex, religion, national origin, disability, genetic information, veteran status, pregnancy, childbirth, or related medical conditions, or on the basis of age. No question on this application is intended to secure information to be used for discrimination of any type or in any form.

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

PERSONAL INFORMATION

Last Name _____ First _____ Middle _____

Social Security Number _____

Current Address _____

City _____ State _____ Zip _____ Length of time _____

Home Phone _____ Cell Phone _____

Email Address _____

Previous Address _____

City _____ State _____ Zip _____ Length of time _____

Are you now eighteen (18) years of age or older? Yes No

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 PRN

Position: _____

How soon can you report to work? _____

Rate of pay or salary desired _____

What days and hours if part time? Days _____ Hours _____

Have you applied for a job with us before? Yes No

If yes, date of application and location _____

Have you ever worked for us before? Yes No

If yes, dates of employment and location _____

How did you hear about this position?

Employee referral by _____

Former employee Online Walk-in Other _____

Do you possess a valid South Carolina Driver's license? Yes No

If no, would you have transportation to and from work? Yes No

Names of relatives and friends employed by Presbyterian Communities _____

MILITARY

Have you ever served in the US Armed Forces? Yes No

Branch _____

If yes, please list your military occupation specialty? _____

Date entered _____ Date discharged _____

If you ever received anything other than an honorable discharge, please state reasons. (This will not constitute an automatic bar to employment.) _____

PRIOR AND CURRENT WORK RECORD

(Start with most recent or current employer and complete in full.)

1. Name and Address of Employer _____

Phone Number _____

Position _____

Immediate Supervisor (name and position) _____

Dates employed _____ Current/ending rate of pay _____

Reason for leaving _____

May we contact this employer? Yes No

2. Name and Address of Employer _____

Phone Number _____

Position _____

Immediate Supervisor (name and position) _____

Dates employed _____ Current/ending rate of pay _____

Reason for leaving _____

May we contact this employer? Yes No

3. Name and Address of Employer _____

Phone Number _____

Position _____

Immediate Supervisor (name and position) _____

Dates employed _____ Current/ending rate of pay _____

Reason for leaving _____

May we contact this employer? Yes No

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application. _____

EDUCATION

<i>School</i>	<i>Name and Address of School</i>	<i>Major Course</i>	<i>Circle Last Year Completed</i>	<i>Degree(s) Awarded</i>
High School			9 10 11 12	
College			1 2 3 4	
Post College				

PERSONAL REFERENCES

<i>Name</i>	<i>Phone Number</i>	<i>Business</i>	<i>Years Acquainted</i>

ADDITIONAL INFORMATION

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. If PCSC is actively seeking candidates for a position and you are otherwise qualified for that position, you will be given an opportunity to explain the individual circumstances of your conviction(s).) _____

Do you currently use illegal drugs? Yes No

If yes, describe _____

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

If yes, please explain _____

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. I agree that any false statements or answers on this application or any misleading or incorrect statements, misrepresentation or omission of relevant facts by me may render this application void and will be sufficient grounds for withdrawal of any offer of employment or for termination of employment if employment has already begun.

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 Presbyterian Communities has the right to terminate my employment at any time, with or without cause or notice.

I also understand and agree that any oral statements by employees, staff or representatives of Presbyterian Communities, 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.

I give Presbyterian Communities the right to investigate all references and to secure additional job-related information about me. I release from liability Presbyterian Communities and its representatives for seeking such information, and all persons, corporations and organizations for furnishing such information.

I understand that Presbyterian Communities conducts its business with the highest possible degree of safety and efficiency. I am aware that Presbyterian Communities may require screening for drug and alcohol use and that future testing may be required. I agree to undergo screening for drug and alcohol use as may be required by Presbyterian Communities or by state and federal law, as well as a health assessment that includes a Tuberculin Skin Test.

Signature of Applicant: _____

Date: _____

