

# APPLICATION FOR EMPLOYMENT



**PRESBYTERIAN  
COMMUNITIES  
OF SOUTH CAROLINA**

*Please read before filling out this application.*

*Presbyterian Communities of South Carolina does not discriminate in hiring or employment on the basis of race, color, sex, religion, national origin, disability, genetic information, 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 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 preferred? 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 Phone Number of Employer \_\_\_\_\_

Address \_\_\_\_\_

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 Phone Number of Employer \_\_\_\_\_

Address \_\_\_\_\_

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 Phone Number of Employer \_\_\_\_\_

Address \_\_\_\_\_

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 credentials, 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>Address</i>	<i>Phone Number</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.) \_\_\_\_\_

Do you currently use illegal drugs?  Yes  No

If yes, describe \_\_\_\_\_

Have you ever been convicted of driving under the influence of alcohol?  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 facts made by me may render this application void and will be sufficient grounds for termination of my employment.

**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 and understand a criminal background check will be completed. 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: \_\_\_\_\_



Clinton | Columbia | Easley | Florence | Summerville