

# APPLICATION FOR EMPLOYMENT LOWCOUNTRY COMMUNITY ACTION AGENCY, INC.

1605 N Jefferies Hwy, Walterboro, SC 29488

AN EQUAL OPPORTUNITY EMPLOYER

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## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Please Print) Last First Middle

Address \_\_\_\_\_  
Number/Street City State Zip Code

Telephone (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Gender Male  Female

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you related by birth, marriage or adoption to any LCAA employee? Yes  No

Are you related by birth, marriage or adoption to any LCAA Board member? Yes  No

Have you ever been employed with us previously? Yes  No

If yes, please specify:

When \_\_\_\_\_ Location \_\_\_\_\_

Are you available for full-time employment? Yes  No  If no, # of hours you can work \_\_\_\_\_

Because our work sometimes requires flexible hours, can you work such a schedule?  Yes  No

Have you ever been *convicted* of a crime, other than minor traffic violations? Yes  No

If Yes, please specify: \_\_\_\_\_

How were you referred to our agency? \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Salary Expectation: \_\_\_\_\_

Date you can start: \_\_\_\_\_

## EDUCATION

<u>School</u>	<u>Name and Location of school</u>	<u>Course Of Study</u>	<u>Years Completed</u>	<u>Degree/ Diploma</u>
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Grammar School	_____	_____	_____	_____
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High School	_____	_____	_____	_____
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College	_____	_____	_____	_____
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Technical/Other	_____	_____	_____	_____
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# EMPLOYMENT RECORD

(Please give accurate, complete full-time and part-time employment information. List your last three jobs, starting with the most recent on first.)

1.

\_\_\_\_\_  
Company Name and Address

\_\_\_\_\_  
Name of Supervisor and Telephone Number

\_\_\_\_\_  
From (Date of Employment) To Pay Reason for Leaving

\_\_\_\_\_  
Kind of Work (Job Title)

\_\_\_\_\_  
Brief Description of Your Job

2.

\_\_\_\_\_  
Company Name and Address

\_\_\_\_\_  
Name of Supervisor and Telephone Number

\_\_\_\_\_  
From (Date of Employment) To Pay Reason for Leaving

\_\_\_\_\_  
Kind of Work (Job Title)

\_\_\_\_\_  
Brief Description of Your Job

3.

\_\_\_\_\_  
Company Name and Address

\_\_\_\_\_  
Name of Supervisor and Telephone Number

\_\_\_\_\_  
From (Date of Employment) To Pay Reason for Leaving

\_\_\_\_\_  
Kind of Work (Job Title)

\_\_\_\_\_  
Brief Description of Your Job

Please list any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, special skills, etc. \_\_\_\_\_

Can we contact your current employer regarding your employment? \_\_\_ YES NO

## SERVICE IN U.S. ARMED SERVICES

Branch of Service \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank and Type of Service \_\_\_\_\_

Training/Experience Received \_\_\_\_\_

**PROFESSIONAL REFERENCES (Do Not Include Relatives)**

1.	_____	_____	_____
	Name/Address	Occupation	Telephone #
2.	_____	_____	_____
	Name/Address	Occupation	Telephone #
3.	_____	_____	_____
	Name/Address	Occupation	Telephone #

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the LCAA Board of Directors. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 90 days. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer may thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that, if hired, I will be required to submit to alcohol/drug testing on pre-employment, post-accident, random and/or "for cause" basis.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicants – Please Do Not Write Below This Line**

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Interviewed by (1) \_\_\_\_\_ (2) \_\_\_\_\_ Date: \_\_\_\_\_

Hired: \_\_\_ Yes \_\_\_ No Position: \_\_\_\_\_ Dept. /Program: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Classification \_\_\_\_\_

Remarks:

Approval by (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
Human Resources Supervisor/Program Director Executive Director