## LOWCOUNTRY COMMUNITY ACTION AGENCY, INC.



Submit Applications to Human Resources Department P.O. Box 1726 Walterboro, SC 29488 Telephone (843)549-5576 Fax Number (843) 549-2190

## **APPLICATION FOR EMPLOYMENT**

Employees and applicants shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

Please print clearly

Date	Pate Position:				
Name			Social Security Nu	ımber	
NameLast	First	Middle Initial			
Present address					
Number	Street		City	State Zip	
Telephone Number ( )	<del></del>	Message I	Phone ( )		
	ED	DUCATION			
Circle the highest grade completed	d: 1 2 3 4 5 6	7 8 9 10 11	12		
If you did not complete high school, o	do you have a high sch	nool equivalency di	ploma? Yes No	Date Received?	
Circle the number of years of post	t high school educat	tion 1 2 3	3 4 5 6 7		
Name and Location of Institution Please list High School and College educa	.tion	Mo./Yr.		Degree Hours Received Completed	
			-		
If you expect to complete an educ and expected completion date:					
	LICENSES AN	ND CERTIFIC	ATIONS		
List any licenses and/or certifications	which you feel may be	e applicable to you	r application. Please i	nclude date of receipt.	
	For o	official use only			
Meets BFOQ	Experience		Education	License	
Does not meet BFOQ	Other			Date received	
Certified for:					
			Date:		

## **EMPLOYMENT HISTORY**

Describe your work experience in detail, beginning with your present or last job. Include ALL paid, military, and applicable volunteer experience. You may list significantly different jobs within the same organization as separate items. Use a separate block to describe each position. Please provide an explanation of any gaps in employment. If needed, attach additional sheets. Resumes can be used to give additional information and cannot substitute completing this section.

Name of Present or Last Er	mployer						
Δddress	Phone Number (	,	_ Iob	Title			
Supervisor's Name	Phone Number (	/	Dates Employed	From		Тс	
Starting Salary	Ending Salary	Full time	_ Dates Employed	Mov we s	contact 9	V22	Ma
Starting Salary	Ending Salary	ruii-time	Part-time	May we c	contact ?	res	No
Describe your duties and re	esponsibilities						
Reason for Leaving							
Name of Previous Employe	er						
	Phone Number (						
Supervisor's Name	I none rumber (		Dates Employed	From		То	
Starting Salary	Ending Salary	Your nar	ne if different from	present		10_	
Describe your duties and re	esponsibilities						
					E II d		D 4 1
					Full-time		Part-time
Reason for Leaving							
Name of Previous Employe	er						
Address	Phone Number (	)	-	Job Title			
Supervisor's Name			Dates Employed	From		To	
Starting Salary	Ending Salary	Your nar	ne if different from	present			
Describe your duties and re	esponsibilities						
					Full-time		Part-time
Reason for Leaving							

Name of Previous Employe	er				
Address	Phone Number (	)	- Job Title		
Supervisor's Name			Dates Employed From		
Starting Salary	Ending Salary	Your na	ame if different from present		
Describe your duties and re	esponsibilities				
					_
				Full-time	Part_time
Reason for Leaving				T un-time	T art-time
	er				
Address	Phone Number (	)	Job Title Detag Employed From	To	
Supervisor's Name Starting Salary	Phone Number (	Your na	Dates Employed From ame if different from present	10	
Describe your duties and re	esponsibilities				
Reason for Leaving				Full-time	Part-time
Name of Previous Employe	ar				
	Phone Number (		- Ioh Title		
Supervisor's Name Starting Salary	Ending Salary	Your na	Dates Employed From ame if different from present	To	
Describe your duties and re					
				Full-time	Part-time
Reason for Leaving					

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List any additional informa	ation you feel will assist in the evaluation	on of your qualifications. Include training,
seminars, workshops, spec	ialized skills and achievements.	
	REFERENCES	
Please give 4 professional refere	nces, excluding former employers and relatives.	
Name Address		Telephone
_		
	MIGGELLANDONG	
	MISCELLANEOUS	
Are you available to work?	Full-Time Part-Time	
f hired, on what date would you	be available to start?	
	the Immigration Reform and Control ACT of 1 No. You will be required to provide document	986, are you legally eligible for employment in the station to that effect should you be employed.
Have you ever been employed by	y us before? If yes, specify dates and	position
Do you have any relatives emplo	yed with us?If so, whom?	
f hired, do you have a reliable n	neans of transportation?	
	moving violations of traffic laws within the past	Yes No. If yes, please
if hired, will you provide a copy	of your driving record? Yes N	No
Have you ever been arrested, recriminal violation? (A "YES" and	eived Notice to Appear, been charged, convicted	d, plead Nollo Contendere or pleaded guilty to any mployment.) YesNo. If yes, please
nformation herein, regardless of Community Action Agency, Inc., verification and I consent to crim	time of discovery, may cause forfeiture on my p ( hereinafter referred to as "LCAA"). I understar inal history, drug screening and background check	and I agree and understand that any falsification of art to any employment in the service of Lowcountrad that all information on this application is subject the service of the subject that all information on the subject the service of the service
		nis consent shall continue to be effective during m it, any information received from such contacts.

Date signed

Signature of Applicant

## **EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE (optional)**

To comply with the United States Government Equal Employment Opportunity requirements, we are asking all applicants for employment to complete this form. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts and selection procedures. The information which you provide will be kept confidential.

- 1. Sex: Male Female
- 2. Position(s) for which you are applying:
- 3. Racial/ Ethnic Data (please check one)

American Indian (includes Alaskans)

Asian and Asian American (includes Pakistanis Indians & Pacific islanders)

Black (includes Jamaican, Bahamians, and other Caribbeans of African but not Hispanic or Arabian descent)

Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin)

White (includes Arabian)

Other (please specify)

- 4. Please indicate your date of birth: / /
- 5. How were you referred to LCAA?

Newspaper\* Agency Job Postings Internet\* Other (Please specify)

One Stop Career Centers

<sup>\*</sup> Specify name of newspaper or Internet site