

# 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 \_\_\_\_\_ Position: \_\_\_\_\_ (One per application)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Initial

Present address \_\_\_\_\_  
Number Street City State Zip

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Message Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

### EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma? Yes No Date Received? \_\_\_\_\_

Circle the number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution Please list High School and College education	Dates Attended Mo./Yr.	Major or Specialty	Degree Received	Hours Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: \_\_\_\_\_  
\_\_\_\_\_

### LICENSES AND CERTIFICATIONS

List any licenses and/or certifications which you feel may be applicable to your application. Please include date of receipt.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For official use only**

\_\_\_\_\_ Meets BFOQ      \_\_\_\_\_ Experience      \_\_\_\_\_ Education      \_\_\_\_\_ License  
\_\_\_\_\_ Does not meet BFOQ      \_\_\_\_\_ Other      \_\_\_\_\_ Date received

Certified for: \_\_\_\_\_  
By: \_\_\_\_\_ Date: \_\_\_\_\_



Name of Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Describe your duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Full-time Part-time

Reason for Leaving \_\_\_\_\_

Name of Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Describe your duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Full-time Part-time

Reason for Leaving \_\_\_\_\_

Name of Previous Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Your name if different from present \_\_\_\_\_

Describe your duties and responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Full-time Part-time

Reason for Leaving \_\_\_\_\_

**KNOWLEDGE, SKILLS AND ABILITIES**

List any additional information you feel will assist in the evaluation of your qualifications. Include training, seminars, workshops, specialized skills and achievements. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please give 4 professional references, excluding former employers and relatives.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MISCELLANEOUS**

Are you available to work?  Full-Time  Part-Time

If hired, on what date would you be available to start? \_\_\_\_\_

For purposes of compliance with the Immigration Reform and Control ACT of 1986, are you legally eligible for employment in the United States?  Yes  No. You will be required to provide documentation to that effect should you be employed.

Have you ever been employed by us before? \_\_\_\_\_ If yes, specify dates and position \_\_\_\_\_

Do you have any relatives employed with us? \_\_\_\_\_ If so, whom? \_\_\_\_\_

If hired, do you have a reliable means of transportation? \_\_\_\_\_

Have you been convicted of any moving violations of traffic laws within the past 3 years?  Yes  No. If yes, please give details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If hired, will you provide a copy of your driving record?  Yes  No

Have you ever been arrested, received Notice to Appear, been charged, convicted, plead Nollo Contendere or pleaded guilty to any criminal violation? (A "YES" answer will not necessarily disqualify you from employment.)  Yes  No. If yes, please give details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that all entries above and all attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Lowcountry Community Action Agency, Inc., ( hereinafter referred to as "LCAA"). I understand that all information on this application is subject to verification and I consent to criminal history, drug screening and background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. This consent shall continue to be effective during my employment if I am hired. I further authorize LCAA to rely upon and use, as it sees fit, any information received from such contacts.**

**Signature of Applicant** \_\_\_\_\_

**Date signed** \_\_\_\_\_

**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

\* Specify name of newspaper or Internet site