



PRESBYTERIAN COMMUNITIES  
OF SOUTH CAROLINA

## Application for Employment

*Please read before filling out this application.*

*An Equal Opportunity Employer*



PRESBYTERIAN COMMUNITIES  
OF SOUTH CAROLINA

Presbyterian Communities of SC  
**Celebrating Our Next 50 Years Of Service**  
Management Services Office  
2817 Ashland Road  
Columbia, SC 29210

803.772.5885  
888.842.4855 (toll-free)  
[www.preshomesc.org](http://www.preshomesc.org)

Presbyterian Communities of SC 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 within thirty (30) days and wish to receive further consideration for employment, it will be necessary to update this form or complete another application.

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Former Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From:(Date) \_\_\_\_\_ To: \_\_\_\_\_

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

If no, give date of birth: \_\_\_\_\_

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 \_\_\_\_\_ Temporary \_\_\_\_\_

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 ever 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 come to apply?

Employee Referral \_\_\_ by \_\_\_\_\_

Former Employee? \_\_\_ Newspaper ad? \_\_\_ Walk-in? \_\_\_

Do you possess a valid South Carolina drivers license?

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

Names of relatives or friends employed by Presbyterian Communities? \_\_\_\_\_

In case of emergency, notify:

(Name): \_\_\_\_\_

(Relationship): \_\_\_\_\_

(Address): \_\_\_\_\_

(Phone): \_\_\_\_\_

## MILITARY

Have you ever served in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No

Branch: \_\_\_\_\_

If yes, what was your military occupation specialty?

Date Entered: \_\_\_\_\_

Date Discharged: \_\_\_\_\_

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

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: \_\_\_\_\_

Are you employed now? \_\_\_ Yes \_\_\_ No If Yes, may we contact your present employer? \_\_\_ Yes \_\_\_ No  
Why do you desire to make a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material)? \_\_\_ Yes \_\_\_ No If Yes, please explain: \_\_\_\_\_

## EDUCATION

<i>School</i>	<i>Name and Address of School</i>	<i>Major Courses</i>	<i>Circle Last Year Completed</i>	<i>Give degree(s) awarded</i>
High School			9 10 11 12	
College			1 2 3 4	
Post Graduate				

## PRIOR AND CURRENT WORK RECORD

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

1. Name and address of Employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Immediate Supervisor (name and position): \_\_\_\_\_

Date Hired: \_\_\_\_\_

Starting Rate: \_\_\_\_\_

Date Left: \_\_\_\_\_

Last Rate: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

2. Name and address of Employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Immediate Supervisor (name and position): \_\_\_\_\_

Date Hired: \_\_\_\_\_

Starting Rate: \_\_\_\_\_

Date Left: \_\_\_\_\_

Last Rate: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

3. Name and address of Employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Immediate Supervisor (name and position): \_\_\_\_\_

Date Hired: \_\_\_\_\_

Starting Rate: \_\_\_\_\_

Date Left: \_\_\_\_\_

Last Rate: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

4. Name and address of Employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Immediate Supervisor (name and position): \_\_\_\_\_

Date Hired: \_\_\_\_\_

Starting Rate: \_\_\_\_\_

Date Left: \_\_\_\_\_

Last Rate: \_\_\_\_\_

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.*

## PERSONAL REFERENCES

<i>Name</i>	<i>Address</i>	<i>Business</i>	<i>Years Acquainted</i>

**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, misrepresentations 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. 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.

Signature of Applicant:

\_\_\_\_\_

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