

Application for Employment

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. Be sure to sign and date the application.

Please print.



PERSONAL INFORMATION

Name _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Phone (____) _____

Address _____

City / State / Zip _____

Position applying for: _____

Shift preferred: 1st Shift 2nd Shift 3rd Shift Any

Expected rate of pay: \$ _____ per hour year

Would you accept full-time work? Yes No

Would you accept full-part work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? Yes No

If yes, please give dates. From _____ to _____

Are you legally eligible for employment in the United States? Yes No

SPECIAL TRAINING OR SKILLS

Please list any special training you have received and any skills you possess that would benefit in the job for which you are applying (languages, computers, machine operation, etc.).

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Post Office Box 90309 • Columbia, South Carolina 29290
PHONE 803.776.1238
FAX 803.776.8839
www.bwcar.org • info@bwcar.org

FOR OFFICE USE ONLY

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate of Pay _____

Class _____

Skill(s) _____

Other _____

Notes _____

ATTACHMENTS

- Résumé
- Applicant Reference Check
- Applicant Interview
- Payroll Change Notice
- Offer Letter
- Applicant SLED Check
- Job Description

Employment Experience

Complete all applicable information. Place an **X** by employers you **do not** want us to contact. List your most recent employer first. **Please print.**

____ **Employer** _____
Address _____
Job Title _____ **Supervisor** _____
Dates Employed: from _____ to _____ **Hourly rate / salary:** starting _____ final _____
Work Performed _____

Reason for Leaving _____

____ **Employer** _____
Address _____
Job Title _____
Dates Employed: from _____ to _____
Work Performed _____

Reason for Leaving _____

____ **Employer** _____
Address _____
Job Title _____
Dates Employed: from _____ to _____
Work Performed _____

Reason for Leaving _____

Educational Background

Please print.

GRAMMAR SCHOOL

Name of School _____ Location: _____

Course of Study _____

Did you graduate? Yes No

HIGH SCHOOL

Name of School _____ Location: _____

Course of Study _____

Did you graduate? Yes No Degree Diploma

COLLEGE OR UNIVERSITY

Name of School _____ Location: _____

Course of Study _____

Did you graduate? Yes No Degree Diploma

GRADUATE SCHOOL

Name of School _____ Location: _____

Course of Study _____

Did you graduate? Yes No Degree Diploma

CONTINUING EDUCATION

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are disclosed, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than the CEO, Sr. Pastor, in writing and signed has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____

Date _____

For Office Use Only

Applicant: Do not write on this page.

INTERVIEW RESULTS

INTERVIEWER	DATE	COMMENTS

TEST RESULTS

TESTS ADMINISTERED	DATE	SCORE	RATING	COMMENTS and INTERPRETATION

REFERENCE CHECK

Results of Reference Check

Employer 1

Employer 2

Employer 3