

# CAROLINA COMMUNITY ACTIONS, INC.

Employment Application

•WE ARE AN EQUAL OPPORTUNITY EMPLOYER•

Address: P.O. Box 933, Rock Hill, SC 29731-6933 • Phone: (803) 329-5195 • Fax: (803) 329-5198  
 Email: info@ccainc.org

APPLICANT INFORMATION									
Last Name		First		M.I.		Date			
Street Address						Apartment/Unit #			
City				State		ZIP			
Phone				E-mail Address					
Date Available			Full Time, Part Time, or Temp			Desired Salary			
Position Applied for									
Are you legally eligible to work in the U.S.?							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If so, when?									
To your knowledge, are you related by blood or marriage to a present employee, to any member of the governing body of this organization, or to a member of one of its advisory committees?							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, to whom are you related?									
Are you currently on "lay-off" status and subject to recall?							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been asked to resign or terminated from a position as a result of a policy violation?							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you understand that this employment is subject to funding?							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you capable of performing the essential functions of the position for which you are applying?							YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Can you travel if a job requires it?							YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**EDUCATION**

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Describe any specialized training, apprenticeship, skills and extracurricular activities:								
Describe any honors you have received:								
State any additional information you feel may be helpful to us in considering your application:								

**REFERENCES**

*Please list three professional references.*

1. Full Name				Relationship			
Company				Phone			
Address							
2. Full Name				Relationship			
Company				Phone			
Address							
3. Full Name				Relationship			
Company				Phone			
Address							

**PREVIOUS EMPLOYMENT**

***Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.***

1. Company				Phone			
Address			Supervisor				
Job Title			Starting Salary	\$		Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
2. Company				Phone			
Address			Supervisor				
Job Title			Starting Salary	\$		Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
3. Company				Phone			
Address			Supervisor				
Job Title			Starting Salary	\$		Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

***If you need additional space, please continue on a separate sheet of paper.***

**DISCLAIMER AND SIGNATURE**

*I certify that my answers given herein are true and complete to the best of my knowledge.*

*I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.*

*This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT UNLESS OTHERWISE DEFINED BY APPLICABLE LAW. ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.*

*In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.*

Signature		Date	
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