*NOTICE TO ALL APPLICANTS*

*This agency is an equal opportunity employer. Applicants for employment will receive consideration without discrimination because of race, religion, color, sex, age, national origin, marital status, or handicap.*

ORANGEBURG-CALHOUN-ALLENDALE-BAMBERG COMMUNITY ACTION AGENCY, INC.

POST OFFICE DRAWER 710

ORANGEBURG, SOUTH CAROLINA 29116

**APPLICATION FOR EMPLOYMENT**

*(Please print)*

|  |  |  |  |
| --- | --- | --- | --- |
| Position applying for |         | Location |         |
| Earnings expected |       | Referred by: | [ ]  Advertisement | [ ]  Walk-in |
| [ ] Friend/relative | [ ]  Employment Agency | [ ]  Other (list) |         |

**PERSONAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Social Security # |       |
| Address |       | Telephone # |       |
| City/State/Zip |       | Driver’s License #/State |       |
| How long at the present address? |       |
| Are you legally eligible for employment in the United States? | [ ]  Yes | [ ]  No |
| Have you ever been convicted of a crime other than a traffic offense? | [ ]  Yes | [ ]  No |
| If yes, please explain. |       |
| Have you worked for OCAB before? | [ ]  Yes | [ ]  No | If yes, Dates from       to        |
| Position  |       |
| Are you related by blood or marriage to any employee, Board of Directors member, or member of an advisory or policy committee of this organization? | [ ]  Yes | [ ]  No |
| If yes, give Name |        | Relationship |       |
| **In case of emergency, notify:** Name |        | Relationship |       |
| Address |        | City/State/Zip |        |
| Phone (Day) |        | Phone (Evening) |        |

**EDUCATION AND TRAINING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Select the highest level of education completed and list schools attended. | Grade School | High School | College | Post-grad |
| High Sch: |       | Address |       | Date Diploma rec’d |       |
| College: |       | Address |       | Degree rec’d |       |
| Other: |       | Address |       | Degree rec’d |       |
| Do you type? |       | Words per minute? |       | Can you do shorthand? |       | Words per minute? |       |

**MILITARY SERVICE**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you served in the U.S. Armed Forces? | [ ]  Yes | [ ]  No | If yes, complete information below: |
| Branch of Service |       | Dates served: | From       to        |
| Rank |       | Present Military Status |       |

**EMPLOYMENT**

Begin with latest or present employer. Please indicate if reference should be kept confidential on present employer.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer |       | Employed | From       to        |
| Address |       | Telephone |       |
| Job Title/Duties |       | Salary | $       | Per       |
|  |
| Employer |       | Employed | From       to        |
| Address |       | Telephone |       |
| Job Title/Duties |       | Salary | $       | Per       |
|  |
| Employer |       | Employed | From       to        |
| Address |       | Telephone |       |
| Job Title/Duties |       | Salary | $       | Per       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you available to work: | Full-time [ ]  | Part-time [ ]  | Temporary [ ]  | Beginning on what date?       |
| Are you free to travel? |  | No [ ]  | Occasionally [ ]  | Frequently [ ]  | Own automobile? | [ ]  Yes | [ ]  No |
| List special training, qualifications of skills:(You are invited to attach a resume.) |       |
| List civic and professional organizations (you may exclude those which identify your race, color, religion, age, sex, or national origin)       |

**SPECIAL NOTICE**

If you are a disabled veteran, or have a physical or mental handicap, you are invited to VOLUNTEER THIS INFROMATION to help us determine appropriate placement and accommodations. This information will be kept confidential. FAILURE TO PROVIDE THIS INFORMATION WILL NOT ADVERSELY AFFECT YOUR CONSIDERATION FOR EMPLOYMENT. Please initial if information is given.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Handicapped (please describe) |       | [ ]  Disabled Veteran | [ ]  Disabled Veteran |       Your Initials |

**REFERENCES**

(Please list name, complete mailing address, city/state/zip, telephone number and occupation of three references other than relatives)

|  |  |  |  |
| --- | --- | --- | --- |
|  | (1) | (2) | (3) |
| Name |       |       |       |
| Address |       |       |       |
| City/State/Zip |       |       |       |
| Occupation |       |       |       |
| Phone # |       |       |       |

I certify that the information in this application is true to the best of my knowledge, and hereby authorize you to investigate all statements given as may be necessary. If employed, I understand that false or misleading information given in my application or interview may result in discharge. I understand that this application is not and is not intended to be a contract of employment, and that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If employed, I agree to abide by all agency rules and regulations.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature |       | Date |       |