

BERKELEY CITIZENS, INC. EMPLOYMENT APPLICATION

1301 Old Highway 52 • Mail to: Human Resources, Post Office Drawer 429, Moncks Corner SC 29461

Fax Applications To: 843-761-0303 • Available Positions on Website: www.berkeleycitizens.org • Phone: 843-761-0300

JOB NUMBER (REQUIRED) : _____ **DATE SUBMITTED:** _____

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** _____

ADDRESS: _____ **CITY:** _____ **STATE/ZIP:** _____

PRIMARY PHONE: _____ **WORK PHONE:** _____ **OTHER:** _____

May we contact you at work? YES NO

Are you 18 years of age or older? YES NO

Are you 21 years of age or older? YES NO

Have you ever filed an application with us before? YES NO If YES, Provide Date: _____

Have you lived in SC for the past 12 months? YES NO If NO, where did you live? Provide State: _____

Have you ever been employed with us before? YES NO If YES, Provide Date: _____

Are you related to anyone employed by us? YES NO If YES, Provide Name & Relationship: _____

Are you currently employed? YES NO

Have you ever been convicted of a crime? YES NO If YES, What Crime and Date: _____

Do you have a current Driver's License? YES NO If YES, From What State? _____

Are there any violations or charges against your driving record? YES NO If YES, Please explain: _____

Do you have any experience working with people with disabilities? YES NO If YES, Please explain: _____

EDUCATION

HIGH SCHOOL NAME & ADDRESS: _____

DID YOU GRADUATE? YES NO If NO, WHAT IS LAST GRADE YOU COMPLETED: _____

IF YOU DID NOT GRADUATE, HAVE YOU SINCE EARNED A GED? YES NO

FOUR-YEAR COLLEGE/ UNIVERSITY NAME AND ADDRESS: _____

COURSE OF STUDY: _____ DEGREE: _____

DID YOU GRADUATE? YES NO If NO, HOW MANY YEARS HAVE YOU COMPLETED: _____

GRADUATE SCHOOL NAME AND ADDRESS: _____

COURSE OF STUDY: _____ DEGREE: _____

DID YOU GRADUATE? YES NO If NO, HOW MANY YEARS HAVE YOU COMPLETED: _____

OTHER EDUCATION NAME & ADDRESS: _____

COURSE OF STUDY: _____ DEGREE: _____ CERTIFICATE: _____

BERKELEY CITIZENS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE DO NOT LEAVE ANY BLANK SPACES.

NAME OF PRESENT OR LAST PLACE OF EMPLOYMENT: _____
 PHONE #: _____
 MAILING ADDRESS: _____
 CITY _____ STATE _____ ZIP CODE _____
 DATE EMPLOYED FROM: _____ DATE EMPLOYED TO: _____
 YOUR POSITION: _____ YOUR SUPERVISOR'S NAME: _____
 STARTING SALARY/HOURLY RATE: _____ ENDING SALARY/HOURLY RATE: _____
 REASON FOR LEAVING: _____

NEXT MOST RECENT PLACE OF EMPLOYMENT: _____
 PHONE #: _____
 MAILING ADDRESS: _____
 CITY _____ STATE _____ ZIP CODE _____
 DATE EMPLOYED FROM: _____ DATE EMPLOYED TO: _____
 YOUR POSITION: _____ YOUR SUPERVISOR'S NAME: _____
 STARTING SALARY/HOURLY RATE: _____ ENDING SALARY/HOURLY RATE: _____
 REASON FOR LEAVING: _____

NEXT MOST RECENT PLACE OF EMPLOYMENT: _____
 PHONE #: _____
 MAILING ADDRESS: _____
 CITY _____ STATE _____ ZIP CODE _____
 DATE EMPLOYED FROM: _____ DATE EMPLOYED TO: _____
 YOUR POSITION: _____ YOUR SUPERVISOR'S NAME: _____
 STARTING SALARY/HOURLY RATE: _____ ENDING SALARY/HOURLY RATE: _____
 REASON FOR LEAVING: _____

EMPLOYMENT REFERENCES - THREE ARE REQUIRED PROVIDE CONTACT INFORMATION FOR EMPLOYERS OR SUPERVISORS WHO HAVE SUPERVISED YOU AT ANY TIME DURING YOUR PAST OR PRESENT EMPLOYMENT. DO NOT LIST PERSONAL REFERENCES. IF YOU HAVE NEVER BEEN EMPLOYED, ONLY THEN MAY YOU USE TEACHERS, MINISTERS AND GUIDANCE COUNSELORS. FRIENDS AND FAMILY ARE NOT ACCEPTABLE.
DO NOT LEAVE ANY BLANK SPACES

1. NAME OF REFERENCE : _____
 Business Address: _____ City _____ State _____ Zip Code _____
 Business or Work Phone # : _____ Provide Your Job Title: _____

2. NAME OF REFERENCE : _____
 Business Address: _____ City _____ State _____ Zip Code _____
 Business or Work Phone # : _____ Provide Your Job Title: _____

3. NAME OF REFERENCE : _____
 Business Address: _____ City _____ State _____ Zip Code _____
 Business or Work Phone # : _____ Provide Your Job Title: _____