

**BERKELEY CITIZENS, INC. EMPLOYMENT APPLICATION**

1301 Old Highway 52 • Post Office Drawer 429 • Moncks Corner SC 29461  
Phone: 843-761-0300•Fax: 843-761-0303•Website: www.berkeleycitizens.org

Job Number: \_\_\_\_\_  
**List ONLY ONE Job Number Per Application**

**GENERAL APPLICANT INFORMATION** ALL INFORMATION  
MUST BE COMPLETED OR MARKED AS N/A. INCOMPLETE APPLICATIONS  
WILL BE DISCARDED

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

SC Driver's License Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Address: \_\_\_\_\_

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

PRIMARY Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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 lived in SC for the past 12 months? Yes No

If NO, where did you live? State \_\_\_\_\_

Have you ever filed an application with us before?

Yes No If Yes, give date: \_\_\_\_\_

Have you ever been employed with us before?

Yes No If Yes, give date: \_\_\_\_\_

Are you related to anyone employed by us? Yes No

If you are related to an employee, please Print name & tell us how you are related: \_\_\_\_\_

Are you currently employed? Yes No

Have you ever been convicted of a crime? Yes No

If Yes, what crime? \_\_\_\_\_

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**

Are you a High School Graduate? Yes No, If No, what is last grade you completed? \_\_\_\_\_

Name & Address of High School: \_\_\_\_\_

Have you earned a GED? Yes No

Name and address of College or University: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree: \_\_\_\_\_

Did you graduate? Yes No, Years Completed: \_\_\_\_\_

Name and address of Graduate School: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree: \_\_\_\_\_

Did you graduate? Yes No Years Completed: \_\_\_\_\_

Other School: (Please Specify) \_\_\_\_\_

Course of Study: \_\_\_\_\_

Degree: \_\_\_\_\_

**Employment Experience:** Start with Your MOST RECENT Employment; **Do not leave any blank spaces.**

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: \_\_\_\_\_

**PROFESSIONAL REFERENCES LIST ANY 3 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 :** \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone # : \_\_\_\_\_

Your Job Title: \_\_\_\_\_

**2. NAME OF REFERENCE :** \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone # : \_\_\_\_\_

Your Job Title: \_\_\_\_\_

**3. NAME OF REFERENCE :** \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone # : \_\_\_\_\_

Your Job Title: \_\_\_\_\_

**CERTIFICATION - PLEASE READ AND INITIAL EACH PARAGRAPH BELOW. IF THERE IS ANY PART OF THIS INFORMATION THAT YOU DO NOT UNDERSTAND, PLEASE ASK BEFORE SIGNING.**

**(BCI – BERKELEY CITIZENS, INC.)**

\_\_\_\_\_ I hereby authorize BCI to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to BCI any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release BCI, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that if offered employment, the offer may be contingent upon my passing a pre-placement PPD, drug screen, and physical examination. By signing this application, I voluntarily agree to submit to these medical screening requests as a condition of continued employment. I understand that failure to pass these medical screenings may result in withdrawal of the employment offer. I give my consent for all medical screening results to be released to BCI, or its representative, upon request.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and BCI. In addition, I understand and agree that if I am employed, my employment relationship with BCI is strictly voluntary and of an "at will" nature. I understand that if employed, my employment is for no definite period of time and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either I or BCI, and that no promises or representations contrary to the foregoing are binding on BCI unless made in writing and signed by an authorized executive of this agency.

\_\_\_\_\_ I understand that if offered employment, I will, as a condition of employment, be required on my first day of employment to submit proof of my identity and legal right to work in the United States.

\_\_\_\_\_ I hereby certify that I have never been involved in or convicted of a substantiated case of abuse or neglect and grant permission for BCI to conduct a criminal background investigation to further verify this fact.

\_\_\_\_\_ I understand that if the position applied for requires driving in the course of work, I will be required to possess a current and valid South Carolina driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

**My Signature below certifies that I have read and understand this information, and agree to the terms and conditions outlined in this document.**

Applicant's Signature:

\_\_\_\_\_

Date \_\_\_\_\_

**BERKELEY CITIZENS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER**

**Revised 04/01/2009**