



www.oconeefirststeps.org

APPLICATION FOR EMPLOYMENT

Date of Application: _____

PERSONAL INFORMATION:

Name: _____

Last	First	Middle
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Address: _____

Street	(Apt)	City/State	Zip
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Alternate Address: _____

Contact Information: _____

Home Phone	Cell Phone	Email
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How Did You Hear About Our Agency?

POSITION SOUGHT:

AVAILABLE TO START: _____

DESIRED PAY RANGE: _____ per hour

ARE YOU CURRENTLY EMPLOYED? Yes _____ No _____



EDUCATION:

High School: Name & Location:

Did You Graduate? If yes, what year?

Specialized Training/Trade School/ Etc. Name & Location:

Did You Graduate? If yes, what year?

Major/Subjects of Study:

Undergraduate Studies:

College or University: Name & Location:

Did You Graduate? If yes, what year:

Major/Subject of Study:

Masters Level Studies:

College or University: Name & Location:

Did you Graduate? If yes, what year?

Major/Subject of Study:

Other Education:

Please list your areas of highest proficiency, special skills, or other items that may contribute to your abilities in performing the above-mentioned position:

PREVIOUS EXPERIENCE

PLEASE LIST, BEGINNING WITH MOST RECENT EMPLOYMENT:

Dates Employed:

Company Name:

Location:

Role/Title:

Job Notes, tasks performed, and reason for leaving:

OCONEE COUNTY FIRST STEPS EMPLOYMENT APPLICATION

Dates Employed:

Company Name:

Location:

Role/Title:

Job notes, tasks performed and reason for leaving:

Dates Employed:

Company Name:

Location:

Role/Title:

Job Notes/Tasks Performed and Reason for Leaving:

Dates Employed:

Company Name:

Location:

Role/Title:

Job Notes/Tasks Performed and Reason for Leaving:

Dates Employed:

Company Name:

Location:

Role/Title:

Job Notes/Tasks Performed and Reason for Leaving:

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Yes _____ No _____

If yes, please describe the crime-state nature of the crime(s), and when and where convicted and disposition of the case:

REFERENCES

List below three persons whom have knowledge of your work performance within the last four years. Please include professional references only.

Name—First & Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name—First & Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Number of Years Acquainted: _____

Name—First & Last: _____

Telephone Number: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, & then Sign Below:

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this agency, terms for my immediate expulsion from the agency.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the agency.

I permit the agency to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the agency, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicants Signature: _____

Date: _____