



WATEREE COMMUNITY ACTIONS, INC.
HEADQUARTERS: PO Box 8328* Columbia, SC 29202
Phone: 803* 807-9812 * Fax 803 807-9809* Email: wcaiadmin@wcai.org

APPLICATION FOR AT-WILL EMPLOYMENT

Waterree Community Actions, Inc. is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state and federal law.

Date: _____/_____/_____

Name: _____, _____, _____
(Last) (First) (Middle)

Address: _____
Street City State Zip Code

Telephone Number: (____) _____

Alternate Telephone Number: (____) _____

Email: _____

Position Applying for: _____ Salary Requirement: \$ _____

Date Available: _____/_____/_____ Type of Employment: Full Time Part Time

How did you learn of this position? Employee Referral Website Center Posting Job Board

Are you 18 years or older? Yes No

Are you a current or former Head Start or Early Head Start parent? Yes No

EDUCATIONAL HISTORY

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	
High School			1	2	3	4	____ Yes ____ No	____ Diploma ____ GED
College			1	2	3	4	____ Yes ____ No	____ Associate Degree ____ Bachelor's Degree
Other (Specify)			1	2	3	4	____ Yes ____ No	____ Degree

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WORK HISTORY

List each job held. Please, start with your present or most recent employment.

Employer	Dates		Work Performed
	From	To	
Address			
Position Title	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Supervisor			May we contact this employer?
Reason For Leaving			Phone Number:
Employer	Dates		Work Performed
	From	To	
Address			
Position Title	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Supervisor			May we contact this employer?
Reason For Leaving			Phone Number:
Employer	Dates		Work Performed
	From	To	
Address			
Position Title	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Supervisor			May we contact this employer?
Reason For Leaving			Phone Number:
Employer	Dates		Work Performed
	From	To	
Address			
Position Title	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Supervisor			May we contact this employer?
Reason For Leaving			Phone Number:

Summarize your special skills and qualifications from employment or other experience which you feel would especially fit you to work with this Agency.

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PROFESSIONAL LICENSE OR CERTIFICATION

Profession	Date of Current License or Registration	State Issuing License or State in Which Registered	Date of First License or Registration	Check One
				___ Examination ___ Reciprocity
				___ Examination ___ Reciprocity
				___ Examination ___ Reciprocity

Indicate any foreign languages you speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Do you have any relatives currently employed at WCAI? Yes No

If yes, give Name(s) and Relationship: _____

Have you ever been convicted of a criminal offense? Yes No

NOTE: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youth offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charges: _____

Where Convicted: _____ Date: _____

Disposition/Status: _____

Have you ever been terminated or forced to resign from any job? Yes No

If yes, please Explain: _____

Are you legally authorized to work in the United States? Yes No

Give the names of two people, not relatives, who are familiar with your work:

Name	Address	Phone

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PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING

AUTHORITY TO RELEASE INFORMATION:

By my signature, I consent to the release of information to authorized officers, agents, and/or employees of Wateree Community Actions, Inc. which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts, military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of Wateree Community Actions, Inc. to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of inquiry or response given to such inquiries made in connection with my application for employment.

Signature_____Date_____

CERTIFICATION OF APPLICANT:

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

Signature_____Date_____

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EEO DATA REPORTING

The federal government requires the following information to be collected for statistical reporting and a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

Today's Date: ____ / ____ / ____

Social Security Number: _____ - _____ - _____

Last Name: _____

First Name: _____

Middle Initial: _____

Position for which you are applying: _____

SEX (check appropriate box): Male Female

Date of Birth ____ / ____ / ____

Race (check appropriate box)

1. American Indian / Alaskan Native
2. Asian / Pacific Islander
3. Black / Non-Hispanic
4. Hispanic
5. White / Non-Hispanic
6. Two or More Races

Veteran Status (check appropriate box)

- Disabled Veteran
- Recently Discharged Veteran
- Active Duty/Wartime Veteran
- Armed Forces Service Veteran
- I am not a Veteran.

Discharge Date: _____

Will you need reasonable accommodations to participate in the selection procedures? (i.e. interview process)

Yes No

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**Authorization to Obtain a Consumer Credit Report and
Release of Information for Employment Purposes**

Pursuant to the Federal Fair Credit Reporting Act, I hereby authorize Wateree Community Actions, Inc. (WCAI) and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish WCAI or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release WCAI and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

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I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Please Print Clearly:

1. Name (Full)
2. Maiden Last Name
3. Print All Former Names Used (A) _____ (B) _____
4. Social Security Number ____ - ____ - _____
5. Sex _____
6. Race _____
7. Date of Birth _____ - _____ - _____
8. Telephone Number _____
9. Current Street Address _____
10. City _____, State _____ Zip _____
11. Drivers' License Number _____ State Issued _____
12. Name on Drivers' License _____
13. May we contact your employers? _____
14. May we contact your supervisors? _____
15. Prior residence, past seven(7) years
 - i. _____
From _____ to _____
 - ii. _____
from _____ to _____
 - iii. _____
from _____ to _____

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16. Have you ever been convicted of or pled guilty or no contest to a criminal charge?

Yes _____ No _____

17. Are you currently awaiting trial, sentencing or disposition of a criminal charge?

Yes _____ No _____

18. Have you ever been a defendant in a civil action for intentional tort(s)? (Intentional torts include, but are not limited to, battery, assault, false imprisonment, defamation, fraud, conversion)?

Yes _____ No _____

If you answered Yes to Numbers 16, 17, or 18, provide the Case Numbers, Date of Action, Disposition, Place of Occurrence and Current Status Below:

Please explain. If more space is needed, add supplemental sheets. _____

By signing below, you are certifying that the above information is true and correct.

Signature _____

Date _____

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