

Alston Wilkes Society
3519 Medical Drive
Columbia SC 29203

803-799-2490
803-540-7223 (Fax)



POSITION(S) APPLIED FOR: _____

POSITION CODE(S): _____

At-Will Application for Employment

This application is not an employment contract but merely intended to evaluate suitability for employment. We consider applicants for all positions without regard to race, color, religion, national origin, age, disability, marital, or veteran status, or any other legally protected status.

Personal Information: Please print all information except signature

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

E-mail Address: _____

Telephone Numbers - Home _____ Work _____ Cell _____

Are you related in any way to anyone who is currently employed or has been previously employed by the Alston Wilkes Society?
 Yes No If yes, please give name and program _____

Are you at least 18 years of age? Yes No

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

Proof that you may lawfully work in this country WILL be required upon employment

Have you filed an application with us before? (if yes, give date) Yes _____ No

Have you ever been employed with us before? (If yes, please give date and program) Yes No
(Date) _____ (Program) _____

Have you ever been discharged or asked to resign from a job? (If yes, please give date and explain below) Yes No
(Date) _____

Are you currently employed? Yes No

On what date would you be available for work? _____

Do you Prefer: Full Time Part Time Shift Work

Can you Work: Evenings Weekends Holidays

Can you travel if the job requires it? Yes No

Do you have reliable transportation? Yes No

Please answer the following questions if you are applying for a position that requires driving a vehicle:

Have you been convicted of or pled guilty or no contest to any traffic related offenses within the past five years? Yes No

Have you ever had your driver's license suspended or revoked or had your driving privileges modified by a court of law? Yes No

Please list all states from which you hold or have held a driver's license: _____

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

Criminal History

Have you been convicted of or plead guilty or no contest to a misdemeanor or felony? Yes No

Have you ever served time, been on probation or currently on a deferred sentence: (If yes, please explain below)
 Yes No

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any other institution? Yes No

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

Have you ever been civilly or administratively adjudicated to have engaged in the activity described in the above question? Yes No

Conviction will not necessarily disqualify an applicant from employment

Education

Applicant Name: _____

	Name and Address of School	Course of Study	Highest Grade or Level Completed	Diploma Degree Certificate
High School Attended				
Undergraduate College Attended				
Graduate School Attended				
Trade, Business or Other				

Indicate any foreign languages you can speak, read and/or write.

	Language	Fluent	Good	Fair
Speak				
Read				
Write				

Describe any specialized training, apprenticeship, computer skills and extra-curricular activities that would enhance your ability to perform the position applied for:

Employment History

Start with your present or last job. Include any job-related military service assignments.

May we contact your present employer?

Yes No

Employer:	Dates Employed		Duties Performed
	From:	To:	
Address:	Hourly Rate/Salary		
	Start:	Final:	
Telephone Number(s):			
Job Title:	Supervisor:		
Reason for Leaving:			
Employer:	Dates Employed		Duties Performed
	From:	To:	
Address:	Hourly Rate/Salary		
	Start:	Final:	
Telephone Number(s):			
Job Title:	Supervisor:		
Reason for Leaving:			
Employer:	Dates Employed		Duties Performed
	From:	To:	
Address:	Hourly Rate/Salary		
	Start:	Final:	
Telephone Number(s):			
Job Title:	Supervisor:		
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS AND AUTHORIZE ALL PREVIOUS EMPLOYERS TO RELEASE TO THE ALSTON WILKES SOCIETY INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT.

Signature: _____ Date: _____

References
(2 of 3 must be Professional References)

Applicant Name: _____

1. **Professional**
Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Comments: _____

2. **Professional**
Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Comments: _____

3. **Personal**
Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Comments: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. I also understand that my employment with the Alston Wilkes Society is contingent upon the outcome of the background check that will be conducted.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means that I may resign at any time and the AWS may discharge me at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the AWS. Finally, I understand and acknowledge that any employment with the Company will be contingent upon my signing a non-compete, confidentiality and non-solicitation agreement, and the refusal to sign such agreement will be grounds to rescind any employment offer made.

Print Name

Signature of Applicant

Date