

Alston Wilkes Society  
3519 Medical Drive  
Columbia SC 29203

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



POSITION(S) APPLIED FOR: \_\_\_\_\_

**At-Will Application for Employment**

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

**Drug Free Workplace Policy**

The Alston Wilkes Society is committed to maintaining a drug free workplace. All offers of employment will be contingent on pre-employment drug screening results.

**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: \_\_\_\_\_

**Criminal History**

Have you been convicted of or pled 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

Conviction will not necessarily disqualify an applicant from employment  
**AWS IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER**

**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 most recent job. Include any job-related military service assignments.

May we contact your present employer?

Yes  No

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

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.  AGREE  DECLINE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**References**  
(2 of 3 must be Professional References)

**Applicant Name:** \_\_\_\_\_  
**Facility:** \_\_\_\_\_ **Position:** \_\_\_\_\_

1.  **Professional**  
Name: \_\_\_\_\_ Company/Organization: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  
2.  **Professional**  
Name: \_\_\_\_\_ Company/Organization: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  
3.  **Personal**  
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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 one year. 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 that 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 AWS. Finally, I understand and acknowledge that any employment with the Agency 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.

\_\_\_\_\_  **ACCEPT**       **DECLINE**  
Print Name

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant