



Chesterfield-Marlboro Economic Opportunity Council, Inc.

GROVER MCQUEEN
Board Chairperson

SAMUEL D. BASS
Executive Director
P.O. Box 877
Cheraw, SC 29520
(843) 320-9760

NAN FLEMING
Secretary/Treasurer

Memorandum

To: Applicants for Employment

From: Lisa K. Green *LKG*
HR Coordinator

Re: Applications

We are pleased you have chosen to apply for a job with Chesterfield-Marlboro Economic Opportunity Council, Inc. (C-M EOC, Inc.)

To ensure your application receive full consideration you must provide all requested information and include a copy of:

- Current Driver's License
- High School Diploma/GED

Applications must contain the names, complete mailing addresses and telephone numbers of references. Please explain gaps in employment on an additional sheet and attached to your application. Resumes' cannot be substituted for a completed application. If you need assistance in filling out this application, please notify me and I will arrange any special assistance you may need. I can be reached at 843-320-9760 ext. 2122.

C-M EOC, Inc. is an equal opportunity employer. All employees at C-M EOC, Inc. are employed "at will."

We appreciate your interest.

Application for Employment Chesterfield-Marlboro EOC, Inc.

C-M EOC considers applicants for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or special need or any other legally protected status.

AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Position Applied For:		Date of Application:			
Last Name:		First Name:		Middle Initial:	
Address:	Number	Street	City	State	Zip
Telephone Number:			Social Security Number:		

- Are you over the age of 18? Yes No
- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever been employed with this agency? Yes No
 If yes, give date: _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- May we contact your previous employers? Yes No
- Are you prevented from lawfully becoming employed in this country because of
 Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment) Yes No
- Do you understand that this employment is subject to funding? Yes No
- On what date would you be available for work? _____
- Are you available to work: Full Time Part Time Temporary
- Are you currently on "layoff" status and subject to recall? Yes No
- Can you travel if job requires it? Yes No
- To your knowledge, are you related by blood or marriage to a present employee, to any member
 of the governing body of this organization, or to a member of one of its advisory committees? Yes No
 If so, to whom are you related? _____
- Are you capable of performing the essential functions of the position for which you are applying? Yes No
- Have you ever been convicted of a felony? *(Conviction will not necessarily disqualify an applicant from employment)* Yes No
 If so, please explain. _____

EDUCATION

	High School	Undergraduate College	Graduate/Professional
School Name and Location:			
Years Completed:	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:			
Describe Course of Study:			
Describe any specialized training, apprenticeship, skills and extra curricular activities:			
Describe any honors you have received:			
State any additional information you feel may be helpful to us in considering your application:			

- Were you in the U. S. Armed Forces? Yes No
 If yes, what Branch? _____
 Dates of duty: From _____ To _____
 Rank at discharge: _____
 Did you receive any job-related training in the military? Yes No
 If so, please describe _____

REFERENCES

GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND WHO ARE NOT PREVIOUS EMPLOYERS:
1.
2.
3.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicated race, color, religion, gender, national origin, handicap or other protected status.

1. Name and Address of Company:	From Mo. Yr.	To Mo. Yr.	Describe in detail the work you did:	Starting Salary	Ending Salary
				\$ _____	\$ _____
				per: _____	per: _____
Supervisor:				Reason for Leaving:	
Telephone:					
2. Name and Address of Company:	From Mo. Yr.	To Mo. Yr.	Describe in detail the work you did:	Starting Salary	Ending Salary
				\$ _____	\$ _____
				per: _____	per: _____
Supervisor:				Reason for Leaving:	
Telephone:					
3. Name and Address of Company:	From Mo. Yr.	To Mo. Yr.	Describe in detail the work you did:	Starting Salary	Ending Salary
				\$ _____	\$ _____
				per: _____	per: _____
Supervisor:				Reason for Leaving:	
Telephone:					
4. Name and Address of Company:	From Mo. Yr.	To Mo. Yr.	Describe in detail the work you did:	Starting Salary	Ending Salary
				\$ _____	\$ _____
				per: _____	per: _____
Supervisor:				Reason for Leaving:	
Telephone:					

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

Please read statement overleaf, and sign this application....

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.

This application for employment shall be considered active for a period of time not to exceed six (6) 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 THE EMPLOYEE MAY RESIGN
AT ANY TIME AND THE EMPLOYER MAY
DISCHARGE EMPLOYEE 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 understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT _____

DATE _____



Employment Reference Request Form

I authorize Chesterfield-Marlboro EOC, Inc. to request and secure a reference to provide answers to the questions noted on this form concerning my employment.

Applicant Signature _____ Date ___/___/___

Dear _____:

We have received an application for employment from _____ a previous employee of _____ seeking the position of _____ with our company.

It would be helpful to us if you would provide the following information regarding _____. The information you provide will be held to strict confidence and in no case will the applicant have knowledge of the information provided by you.

We greatly appreciate your assistance.

Sincerely,

Lisa K. Green
Administrative Assistant/HR Coordinator

Relationship to Applicant: () Supervisor () Co-Worker () Academic () Other _____

Dates of Employment: _____ Eligible for Rehire: () Yes () No

Reason for Leaving: _____

	YES	No	No Comment
Was the applicant able to fulfill the responsibilities of the position?			
Was the applicant punctual?			
Was the applicant's attendance good?			
Was the applicant's work ethics and performance good?			

Please provide additional comments regarding applicant on the back if necessary.

Signature and title of person completing the form

Date

Declaration Form for Prospective/Current Head Start Employees



For use by Head Start Agencies to comply with Head Start Program Performance Standards and other Regulations, 45 CFR part 1301, Subpart D, Section 1301.31 (b) (c).

Name of Prospective/Current Employee: _____

Head Start agencies must require that all current and prospective employees sign a declaration prior to employment that lists:

1. All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
2. Convictions related to other forms of child abuse and neglect; and
3. All convictions of violent felonies.

The declaration may exclude:

1. Traffic fines of \$200.00 or less;
2. Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee's 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law;
3. Any conviction the record which has been expunged under Federal or State law; and
4. Any conviction set aside under the Federal Youth Corrections Act or similar state authority.

Individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. The Head Start agency will review each case to assess the relevancy of an arrest, a pending criminal charge or a conviction.

Please provide your signature on the appropriate line below:

I **have been** arrested, charged and/or convicted of one or more of the offenses listed above. *(Please attach information listing the offense(s), the date(s) of the arrest, charge and/or conviction and other relevant information).*

Signature

Date

I **have not been** arrested, charged and/or convicted of one or more of the offenses listed above.

Signature

Date

We will take necessary steps to assure the confidentiality of this form.

APPLICANT EEO DATA FORM

This Form is Voluntary and Confidential

The federal government requires the following information to be collected for statistical reporting and will not be considered as part of the application for employment. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process and will be removed prior to being forwarded to the hiring authority.

Last Name	First Name	Middle Name	Position Applied For:		
Address		City	State	Zip Code	Birth Date
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> White/Non Hispanic <input type="checkbox"/> African American/Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islanders <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other (Specify): _____			
How did you hear about this position? <input type="checkbox"/> C-M EOC Website <input type="checkbox"/> Employee Referral <input type="checkbox"/> Recruitment Poster <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Other (Specify) _____ <div style="text-align: center; font-size: small;">Name of Newspaper</div>					

X _____
Applicant's Signature

Date