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APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE | AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

POSITION _____ DATE YOU CAN START _____ DESIRED SALARY _____

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

IF SO, MAY WE CONTACT THEM? YES _____ NO _____

EMAIL ADDRESS _____ DATE OF BIRTH _____

IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE UNITED STATES? YES _____ NO _____

EMPLOYMENT DESIRED

CHURCH AFFILIATION

EDUCATION

EDUCATION	NAME LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL			

IN A PARAGRAPH DESCRIBE YOUR HIGH SCHOOL EXPERIENCE

CUR _____

POS _____

(THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1987 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE)

COLLEGE			
POST-COLLEGE			

FORMER EMPLOYERS

(LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE, MONTH, YEAR	NAME, ADDRESS, PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE THE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES

(PLEASE GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

	NAME	PHONE NUMBER	ADDRESS	BUSINESS	YEARS KNOWN
1.					
2.					
3.					

IN CASE OF EMERGENCY

NAME ADDRESS PHONE

ALL INFORMATION IN THIS APPLICATION IS HELD STRICTLY CONFIDENTIAL BY THE HEALING HURT STAFF. ANSWERING YES TO ANY OF THE QUESTIONS MAY NOT NECESSARILY PRECLUDE YOUR INVOLVEMENT IN MINISTRY HERE AT HEALING HURTS. (CIRCLE "Y" FOR YES OR "N" FOR NO)

DO YOU USE ILLEGAL DRUGS?

Y or N (circle one)

HAVE YOU EVER BEEN HOSPITALIZED OR TREATED FOR ALCOHOL OR SUBSTANCE ABUSE?

Y or N (circle one)

HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE EXCLUDING MINOR TRAFFIC VIOLATIONS?

Y or N (circle one)

HAVE YOU EVER BEEN ACCUSED, ARRESTED, OR CONVICTED FOR ANY SEXUALLY RELATED CRIME?

Y or N (circle one)

HAVE YOU EVER BEEN ACCUSED, ARRESTED, OR CONVICTED FOR ANY ABUSE RELATED CRIME?

Y or N (circle one)

BEARING THESE THINGS IN MIND, WOULD YOU BE WILLING TO SUBMIT TO A BACKGROUND CHECK?

Y or N (circle one)

IF YOU ANSWERED YES TO ANY OF THE PREVIOUS QUESTIONS, PLEASE EXPLAIN:

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FROM ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

SIGNATURE _____ **DATE** _____

PLEASE PROVIDE OR ATTACH THE FOLLOWING:

(This area contains 20 horizontal lines for writing your testimony.)

PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED TO

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION AER TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL."

Initials

Date

EMPLOYMENT EQUAL OPPORTUNITY AGREEMENT

I understand that Healing Hurts is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, handicap or disability or any other category protected by Federal, State, or local law. As a religious organization, the Civil Rights Act of 1964 exempts Healing Hurts against religious discrimination in employment on the basis of religion. All applicants and employees are required to adhere to Healing Hurts Statement of Faith to be eligible for hire and in the course of their duties and responsibilities as an employee of Healing Hurts.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give Healing Hurts or its designees any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing such information to Healing Hurts. I also authorize Healing Hurts to provide truthful information concerning my employment with it to future employers, and I agree to hold it harmless for providing such information.

I understand that Healing Hurts reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or anytime during employment, and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to Healing Hurts or its designees. I release Healing Hurts and its designees from any and all liability and damages which may result or arise from any drug and alcohol screening tests or the provision of information in connection with such tests.

I understand that this employment application and any other documents are not promises of employment. Should I be employed, I understand that my employment will be on an "at-will" basis. I further understand that if I am employed, I may terminate my employment at any time, with or without advance notice and that Healing Hurts has a similar right. I understand that no manager, representative, or agent of Healing Hurts has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I agree to be bound by any additional employment standards as set forth in this application, the employee handbook, or agreed to between myself and Healing Hurts at the time of hire.

The information given by me on this application and during the interview process is true and complete in all respects, and all information requested in the application and hiring process will be provided on a timely basis. I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in Healing Hurts' judgment), I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I acknowledge that Healing Hurts may obtain a criminal history background screening on me for use in connection with my application and, if I am hired, my employment with Healing Hurts. I also authorize Healing Hurts to obtain this information periodically while I am employed.

This application will be considered "active" for a maximum of one year. If you wish to be considered for employment after that time, you must reapply.

Do not sign until you have read and understood these statements.

SIGNATURE _____

DATE _____

BACKGROUND SCREENING CONSENT

(Applicant should complete all relevant information and sign and date the form)

I, _____, hereby authorize Healing Hurts and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), audit criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with Healing Hurts.

I release Healing Hurts and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all the information is true and correct to the best of my knowledge:

Full Name (printed) _____

Maiden Name or Other Names Used _____

Social Security Number _____ Date of Birth*: _____/_____/_____

Present Address _____

City _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Driver's License Number _____ State of License _____

Signature of Appilcant _____ Date _____

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or services as a volunteer. Healing Hurts abides by all applicable state and federal employment laws.