New Foundations, Children and Family Services, Inc.

Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Please print. Answer all questions. Applications are active for 90 days. Applications that are illegible, incomplete, unsigned, or older than 90 days will not normally be given consideration.

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

How did you hear of this position? ☐ Newspaper ☐ Walk In ☐ Friend/Relative ☐ Employment Agency ☐ Job Line

☐ Other, please explain _____

Last Name	First Name	M. I.	Social Security Number
Present Address:	City & State	Zip Code	Telephone No.

If Less than One Year, Give Previous Address:

Are you a U.S. Citizen, or Lawfully Authorized to Work in the U.S. ? ☐ Yes ☐ No Have you lived outside of South Carolina in the past 7 years? ☐ No ☐ Yes If yes, list states with counties:

Person to Notify in an EMERGENCY:
Name: Relationship:
Address: Telephone: ( )

Relatives or Friends employed by New Foundations (Name and Relationship)

Have you previously applied for a job at New Foundations? ☐ Yes ☐ No

If yes, Give Dates:

Have you ever worked for New Foundations? ☐ Yes ☐ No

If yes, Give Dates: Reason for separation:

Have you ever been convicted of or pled guilty to a crime? ☐ Yes ☐ No

If yes, when? _____ Where? _____

For What?

What hours of work are you applying for? Full time ☐ Part time ☐

Rank in order of preference the shifts you can work: [ ] First shift [ ] Second shift [ ] Third shift [ ] Weekends

Please circle the highest grade level completed:

High School	College	Graduate Level
1 2 3 4	1 2 3 4	1 2 3 4 +

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have a: ☐ HS Diploma ☐ GED ☐ Associates ☐ Bachelor's ☐ Masters ☐ Doctorate

In what field?

In at least one paragraph, describe why you think you are a good candidate for this position:

Personal References - List Three References (not relatives)			
Name	Address	Phone No.	Relationship

Employment Experience

List Employment History beginning with most recent employer first.

1. Employer _____ Address: _____
Phone _____ Job Title _____
Supervisor _____ Dates Employed: From _____ to _____
Reason for Leaving: _____
_____

2. Employer _____ Address _____
Phone _____ Job Title _____
Supervisor _____ Dates Employed: From _____ to _____
Reason for Leaving: _____
_____

3. Employer _____ Address: _____
Phone _____ Job Title _____
Supervisor _____ Dates Employed: From _____ to _____
Reason for Leaving: _____
_____

4. Employer _____ Address _____
Phone _____ Job Title _____
Supervisor _____ Dates Employed: From _____ to _____
Reason for Leaving: _____
_____

I certify that the answers on this application are true, to the best of my knowledge and belief. I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment. I understand that any misleading, incorrect or incomplete statement may render this application null and void, and would be cause for dismissal, if employed.

I authorize New Foundations to make any investigation, and to obtain all lawful information in connection with this application, which it deems necessary to confirm the statements I make in this application, and to circulate such information to the appropriate persons who consider this application. I request and authorize all references and current and former employers to supply information about me verbally or in writing to New Foundations. In consideration for their furnishing such information, I hereby waive any claims against them, which may arise from their furnishing it.

I am aware that New Foundations is a drug free work environment and I will adhere to New Foundations' Substance Abuse Program.

NOTHING IN THIS APPLICATION CONSTITUTES AN OFFER OF EMPLOYMENT OR A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT IF I AM EMPLOYED BY NEW FOUNDATIONS THERE IS NO EMPLOYMENT CONTRACT FOR A DEFINITE DURATION. I UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL, THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, AND NEW FOUNDATIONS HAS A SIMILAR RIGHT. I UNDERSTAND THAT NO AGENCY POLICY, PRACTICE, OR STATEMENT BY ANY ASSOCIATION REPRESENTATIVE SHALL LIMIT OR ALTER THIS AT-WILL RELATIONSHIP. I UNDERSTAND THAT THE RULES, REGULATIONS, POLICIES, PRACTICES, AND PROCEDURES OF NEW FOUNDATIONS ARE ADVISORY IN NATURE AND MAY BE CHANGED BY THE AGENCY AT ANY TIME WITHOUT NOTICE.

Applicant's Signature _____ Date _____