



HORRY COUNTY COUNCIL ON AGING INC.

**2213 N. MAIN STREET
P.O. BOX 1693
CONWAY, SC 29528
(843) 248-5523**

APPLICATION FOR EMPLOYMENT

Date of Application

Please read before filing out this application.

This agency does not discriminate in hiring or employment on the basis of race, color, sex, religion, national origin, handicap, veteran status or on the basis of age with regard to people over forty (40). No question on this application is intended to secure information to be used for such discrimination.

Please ask the receptionist for a job description to read over before you start the application to make sure you have the skills and experience required for the jobs. This application will receive active consideration for thirty (30) days.

***NOTE:** All applicants will undergo a background check by the Conway Police Department and driving record check administered by the Horry County Council on Aging.

PERSONAL INFORMATION

Name: _____ Social Security# (last four digits only) _____

 First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Driver's License#: _____ State: _____ Expiration Date: _____

Telephone#: Home _____ Work: _____

Position (s) applying for:

OTHER INFORMATION NEEDED

Are you related to anyone presently employed by us? yes ___ no ___

If "yes" give:

Name: _____ Relationship: _____

List three references who are NOT relatives or previous supervisors.

Name: _____ Name: _____ Name: _____

Occupation: _____ Occupation: _____ Occupation: _____

Telephone#: _____ Telephone#: _____ Telephone#: _____

EMPLOYMENT HISTORY

Begin with your present or most recent position. Please answer all questions in this section in detail. Include military service, if any.

Name of Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Business: _____

Starting Date: _____ Job Title: _____ Salary: \$ _____

Present Position: _____ Salary: \$ _____

Reason for Leaving: _____

Name/Title of Immediate Supervisor: _____

May we communicate with present employer? _____ Phone Number: _____

Name of Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Business: _____

Starting Date: _____ Job Title: _____ Salary: \$ _____

Present Position: _____ Salary: \$ _____

Reason for Leaving: _____

Name/Title of Immediate Supervisor: _____

May we communicate with present employer? _____ Phone Number: _____