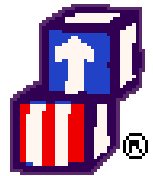




Piedmont Community Actions, Inc
300 S. Daniel Morgan Ave., Ste. A • P.O. Box 5374
Spartanburg, SC 29304
Telephone: (864) 585-8183 ext. 121
Fax: (864) 515-9397



APPLICATION FOR EMPLOYMENT
PCA is an Equal Opportunity Employer

Personal Information

Name: _____ Date: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Can you prove your U. S. Citizenship? Circle One. YES NO

If not a U. S. Citizen, give Visa No. and Expiration Date: _____

Position(s) you are applying for

Title: _____ Salary Requirement: _____

Referred By: _____ Date You Can Start: _____

Education Record

High School (Name, City, State): _____

Year of Graduation: _____

Business or Technical School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Undergraduate College (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Graduate School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

(please turn to next page)

Work History (give information about your LAST 3 jobs, starting with the most recent)
***** MUST LIST ATLEAST 3**

1) Employer: _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Title/Duties: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

2) Employer: _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Title/Duties: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

3) Employer: _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Title/Duties: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Business References (if applying for your first job, you may use academic references)

***** MUST HAVE ATLEAST 3 REFERENCES (NON-FAMILY)**

1) Name:

Work Phone:

Address:

City:

State:

Zip:

Relationship to you:

2) Name:

Work Phone:

Address:

City:

State:

Zip:

Relationship to you:

3) Name:

Work Phone:

Address:

City:

State:

Zip:

Relationship to you:

Please Read and Sign

The information that I have provided to Piedmont Community Actions in this Employment Application is true and correct.

If I am employed by PCA and any misstatement or omission is found, I understand that this will be grounds for immediate termination. I understand that employment with PCA is employment at will. I give PCA permission to check my job history, criminal background, and personal references as listed on this application or my resume.

A DRUG TEST WILL BE GIVEN TO ALL NEW EMPLOYEES. A POSITIVE TEST RESULT FOR USE OF DRUGS WILL BE GROUNDS FOR IMMEDIATE RELEASE FROM EMPLOYMENT WITH PCA.

Signature:

Date: