

**HARBOR VIEW PRESBYTERIAN CHURCH**

900 Harbor View Road  
Charleston, SC 29412  
(843) 795-4072

**EMPLOYMENT  
APPLICATION**

An Equal Opportunity Employer

Date \_\_\_\_\_

We appreciate your interest in working at HVPC and assure you that we are sincerely interested in your qualifications. Please provide a clear understanding of your background and work history. **Print** this application in as much detail as possible. Thank you.

**PERSONAL**

**NAME** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

Last First Middle

**ADDRESS** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

Street City State Zip

**OTHER PHONE** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_

Name Address Relationship Phone

**POSITION APPLIED FOR** \_\_\_\_\_

Have you ever worked under a different name?

No Yes \_\_\_\_\_

Have you ever been convicted of a felony or been involved in a child abuse or neglect court action or official investigation?

No Yes

**AVAILABLE DAYS & TIMES** \_\_\_\_\_

Have you ever worked for HVPC previously?

No Yes \_\_\_\_\_

If yes, please explain \_\_\_\_\_

If yes, give dates \_\_\_\_\_

Do you have any physical, mental or medical conditions that would limit your job performance in the position for which you are applying? No Yes

If Yes, please explain. \_\_\_\_\_

Are you legally eligible for employment in the United States? No Yes

Under the Immigration Reform and Control Act, you will be required to provide documentation of your eligibility, should you be employed.

**EDUCATION AND TRAINING**

Schools	Name & Address	Years Attended	No. Years	Present Grade	Graduated?	Degree	Major Courses
High School							
College/ University							
Graduate Study							
Business/ Vocational							
Other							

Other formal training, including military service — give experience and dates \_\_\_\_\_

In what professional groups are you in good standing? \_\_\_\_\_

List any certifications you have earned \_\_\_\_\_

**WORK EXPERIENCE**  
(List most recent employment first)

Name & Address of Employer	Employment Dates		Positions Held	Description of Duties	Salary	Reason for Leaving
	From	To				
Supervisor's Name May we contact this employer?						
Supervisor's Name May we contact this employer?						
Supervisor's Name May we contact this employer?						
Supervisor's Name May we contact this employer?						
Supervisor's Name May we contact this employer?						

**PERSONAL REFERENCES**

Please list names and addresses of individuals not related to you:

1. \_\_\_\_\_ Phone No. \_\_\_\_\_
2. \_\_\_\_\_ Phone No. \_\_\_\_\_
3. \_\_\_\_\_ Phone No. \_\_\_\_\_

I hereby certify that the information provided is correct to the best of my knowledge. I understand that any false statements or information from me may void this application or subject me to discharge at any time after employment. I further understand that if I am employed by HVPC, I will be employed "at will" and can be dismissed at any time with or without cause or notice. I hereby authorize investigation regarding my suitability for employment, and I will not hold HVPC, employment references, or past or present employers liable for releasing or obtaining information in this process.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_