

ORPHAN AID SOCIETY, INC.

Daniel Joseph Jenkins Institute For Children



3923 Azalea Drive
 North Charleston, SC 29405
 Phone: (843) 744-1771
 (843) 744-2429
 Fax: (843) 529-0057
 www.JenkinsInstitute.org

“EMPLOYMENT APPLICATION”

“OVER 100 YEARS OF LOVING, CARING & SHARING”

PERSONAL

Last Name	First	Middle Initial	Date:
Street Address			Home Telephone ()
City	State	Zip Code	Business Telephone ()
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security #
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Month and Year _____			When will you be available to begin work? _____
Other special training or skills (languages, machine operation, etc.)			

Position Applied for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Pay Expected
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your previous employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
Who referred you to this company? <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Other	

EDUCATION

School Type	School Name and Location	Course of Study	Years Completed	Graduate	Degree/Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Company Name	Telephone ()		
Address	City	State	Zip Code
Name of Supervisor:	Employed- (Month and Year) From: To:		
Job Title:	Salary- (Hourly) Start: Last:		
Description of Work:	Reason for Leaving;		

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Address	City	State	Zip Code
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**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

Interviewed by:	Date:
Comments:	

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Comments:	

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Comments:	

Hired for Dept.?		
Salary Wages?	Will Report?	
Approved 1	Human Resource Manager	Date:
Approved 2	Group Home Manager	Date:
Approved 3	Executive Director/CEO	Date: