




Charleston County Housing and Redevelopment Authority
An Equal Opportunity Employer

2106 Mt. Pleasant Street
Charleston, SC 29403
hrapps@cchra.net
(843) 628-4134 Phone
www.cchra.net

All applicants are considered without regard to race, color, religion, sex, national origin, age, veteran status, or disability.

(Fold in here)

NEITHER THIS APPLICATION, NOR THE LANGUAGE CONTAINED IN IT, CREATES A CONTRACT OF EMPLOYMENT, EXPRESSED OR IMPLIED, BETWEEN CCHRA AND ITS EMPLOYMENT APPLICANTS. ANY EMPLOYMENT AT CCHRA IS EMPLOYMENT AT-WILL THEREFORE, THE EMPLOYER OR EMPLOYEE CAN TERMINATE EMPLOYMENT AT ANY TIME WITHOUT NOTICE.

 *The mission of the Charleston County Housing & Redevelopment Authority is to provide quality affordable housing and assist in improving economic opportunities to the low-income citizens of Charleston County.*

Place
Stamp
Here

**Charleston County Housing and Redevelopment Authority
Attention: Human Resources
2106 Mt. Pleasant Street
Charleston, SC 29403**

(Top Fold and Seal)



An Equal Opportunity Employer
EMPLOYMENT APPLICATION

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APPLYING FOR

Job Title Applying For: (one position per application)	Date of Application
How did you hear about us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Walk In <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> DSS OJT Program <input type="checkbox"/> DEW <input type="checkbox"/> WIA <input type="checkbox"/> CCHRA Website <input type="checkbox"/> CCHRA Employee Referral (employee's name) _____	
Why are you applying for this particular job?	

CONTACT

Your Name	Provide last 4 digits of Social Security Number – If chosen as a candidate, full social is required:	
Mailing Address	Home Phone	Business Phone
City County State Zip Code	Cell Number	Email Address

EDUCATION

Please provide information on all schools attended.

Name of School	Address of School	Highest Level Completed	Degree and Major	Job Pertinent Courses
High School		Diploma <input type="checkbox"/> Other (specify) <input type="checkbox"/>		
Undergraduate School				
Graduate School/Post-Graduate School				
Other				

JOB RELATED TRAINING AND COURSE WORK

Name of Pertinent Training, License(s) or Professional or Trade Certification	Issuing Organization or Presented by	Issue Date or Training Date	Expiration Date (if applicable)

SKILLS

List any skills that are related to the job you seek (include words per minute typing speed and computer and software proficiency)

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WORK EXPERIENCE Describe your work experience in detail, beginning with your current or most recent job. Include military service and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. CCHRA will not consider incomplete applications.

1. Name of Present or Most Recent Employer _____ Email Address if known: _____
Address _____ Telephone () _____
Supervisor's Name and Title _____ May we contact this employer? Yes No
Your Job Title _____ Number Supervised _____ Current Salary /Wages _____
Dates Employed: From ____/____/____ To ____/____/____ Still employed. Current Date: _____ Hours Per Week _____

Job Duties: *(A resume' will not be considered as a substitute for completing this application.)*

Reason for Leaving:

2. Name of present or previous Employer _____ Email Address if known: _____
Address _____ Telephone () _____
Supervisor's Name and Title _____ May we contact this employer? Yes No
Your Job Title _____ Number Supervised _____ Current Salary /Wages _____
Dates Employed: From ____/____/____ To ____/____/____ Still employed. Current Date: _____ Hours Per Week _____

Job Duties: *(A resume' will not be considered as a substitute for completing this application.)*

Reason for Leaving:

3.. Name of next previous Employer _____ Email Address if known: _____
Address _____ Telephone () _____
Supervisor's Name and Title _____ May we contact this employer? Yes No
Your Job Title _____ Number Supervised _____ Salary /Wages _____
Dates Employed: From ____/____/____ To ____/____/____ Hours Per Week _____

Job Duties: *(A resume' will not be considered as a substitute for completing this application.)*

Reason for Leaving:

4. Name of next previous Employer _____ Email Address if known: _____
Address _____ Telephone () _____
Supervisor's Name and Title _____
Your Job Title _____ Number Supervised _____ Salary /Wages _____
Dates Employed: From ____/____/____ To ____/____/____ Hours Per Week _____

Job Duties: *(A resume' will not be considered as a substitute for completing this application.)*

Reason for Leaving:

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ADDITIONAL WORK EXPERIENCE

5. Name of next previous Employer _____ Email Address if known: _____
Address _____ Telephone () _____
Supervisor's Name and Title _____
Your Job Title _____ Number Supervised _____ Salary /Wages _____
Dates Employed: From ____/____/____ To ____/____/____ Hours Per Week _____
Job Duties: *(A resume' will not be considered as a substitute for completing this application.)*

Reason for Leaving:

6. Name of next previous Employer _____ Email Address if known: _____
Address _____ Telephone () _____
Supervisor's Name and Title _____
Your Job Title _____ Number Supervised _____ Salary /Wages _____
Dates Employed: From ____/____/____ To ____/____/____ Hours Per Week _____
Job Duties: *(A resume' will not be considered as a substitute for completing this application.)*

Reason for Leaving:

7. Name of next previous Employer _____ Email Address if known: _____
Address _____ Telephone () _____
Supervisor's Name and Title _____
Your Job Title _____ Number Supervised _____ Salary /Wages _____
Dates Employed: From ____/____/____ To ____/____/____ Hours Per Week _____
Job Duties: *(A resume' will not be considered as a substitute for completing this application.)*

Reason for Leaving:

4. Name of next previous Employer _____ Email Address if known: _____
Address _____ Telephone () _____
Supervisor's Name and Title _____
Your Job Title _____ Number Supervised _____ Salary /Wages _____
Dates Employed: From ____/____/____ To ____/____/____ Hours Per Week _____
Job Duties: *(A resume' will not be considered as a substitute for completing this application.)*

Reason for Leaving:

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Do you possess a valid driver's license? Yes No Class: (check one) A B C D E F M G

Do you have any relatives employed with CCHRA? If yes, please provide names below: Yes No

Name _____ Relationship _____ Department _____

Name _____ Relationship _____ Department _____

Have you ever been convicted of a criminal offense? Yes No

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not necessarily a bar to employment. Each conviction is evaluated individually.

If yes, please list charge(s) _____

Where Convicted _____

Date _____

Disposition/Status _____

Have you ever been terminated or forced to resign from any job? Yes No If yes, explain _____

Are you able to provide proof that you are legally authorized to work in the United States? Yes No

Give the names of two people, not relatives, who are familiar with your work.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

Each applicant employed in a CCHRA position must meet the minimum requirements established for that position. This may include the successful completion of a verbal/written examination, a physical examination (which under certain circumstance may include drug screen(s) and a confidential investigation. Each applicant must submit all requested documents. CCHRA also requires a pre-employment drug screening.

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the State of South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of CCHRA to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature _____

Date _____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true, accurate and complete. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature _____

Date _____

CCHRA APPLICANT DATA RECORD

Completion of this form is voluntary. This information is not used in the employment process nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring department and **WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT.**

All applicants are considered without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status.

Today's Date _____ / _____ / _____

Position for which you are applying _____

Name _____ **Title** _____ Social Security Number - _____

Last

First

Middle

Date of Birth _____ / _____ / _____ Sex (Check appropriate box) Male Female

Race (Check appropriate box) American Indian/Alaskan Native

Asian or Pacific Islander

Hispanic

Black (not of Hispanic origin)

White (not of Hispanic origin)

Other (specify) _____

Will you need reasonable accommodations to participate in the selection procedures (e.g., interview, written tests, or job demonstration)?

Yes No

If yes, please notify the Human Resource Office of CCHRA – 843-628-4134

CCHRA actively supports the Family Independence Act by hiring welfare and food stamp recipients for certain jobs. Are you currently receiving AFDC benefits or food stamps?

Yes No
